

# MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

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## APPLICATION FOR ELECTIVE ADMISSION

Application for admission as an ELECTIVE/ OCCASSIONAL STUDENT for undergraduate or postgraduate degree course in the..... (State year)

NOTE: (i) TWO COPIES of this form, when completed, must be sent to THE VICE CHANCELOR Muhimbili University of Health and Allied Sciences, P.O. Box 65001 Dar es Salaam Tanzania.

(ii) Application for Elective /Occasional Studentship should reach the VC **3 months** before the date or month for which the applicant seeks admission.

1. SURNAME (Block letters) .....

2. FIRST NAME IN FULL (Block letters) .....

3. MIDDLE NAMES IN FULL (Block letters).....

4. DATE OF BIRTH .....

5. PLACE OF BIRTH (i.e. TOWN OR DISTRICT AND COUNTRY) .....

6. RELIGION ..... 7. MARITAL STATUS.....

8. SEX (M or F)..... 9. CITIZENSHIP.....

10. COUNTRY OF RESIDENCE..... DISTRICT.....

11. Address to which information should be sent if an application is successful.

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12. SECONDARY SCHOOLS AND COLLEGE ATTENDED (Give dates)

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13. If you have left school give brief details of employment or further courses of study.

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14. Give the name of your last school or College/University President or another person to whom reference can be made for a confidential report upon your suitability.

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15. Indicate the program for which you are applying (a) Undergraduate.....(b) Postgraduate .....

16. Indicate below, the study department for which you are applying.

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17. Please state the objectives of your elective study visit

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18. Effective date of your elective period .....

19. Duration of your course/elective period.....

**20. STATEMENT BY APPLICANT**

I have acquainted myself with the entrance qualifications for admission to the Muhimbili University of Health and Allied Sciences and with the courses available, and certify that to the best of my knowledge the information given above is correct.

Signature of Applicant ..... Date .....

**CERTIFICATE BY DEAN OR PRINCIPAL OF YOUR SCHOOL OR COLLEGE/UNIVERSITY**

To the best of my knowledge, all statements made by the applicant are correct.

Signature of Dean/Principal .....

Date:.....

Official stamp:

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