

MOUNT MERU UNIVERSITY

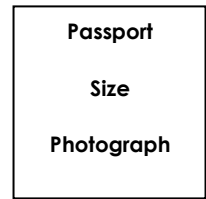
P. O. Box 11811
Arusha, Tanzania

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Email: graduateprograms@mmu.ac.tz

Website: www.mmu.ac.tz



OFFICE OF THE DIRECTOR OF GRADUATE STUDIES

APPLICATION FOR ADMISSION TO GRADUATE PROGRAMS FOR THE 2017/2018 ACADEMIC YEAR

All applicants should submit the following documents:

- Certified copies of diplomas, degrees and other qualifications, with their corresponding transcripts, must be attached to this form. At registration, originals shall be required.
- All academic records in a language other than English must be accompanied by a certified English translation.
- Each application must be accompanied by a Tshs 50,000/- application fee. You may pay this fee at any of the University's bank accounts shown at the end of this form. Crossed postal orders in favor of 'Mount Meru University' are also acceptable. If you pay through the bank, enclose the bank slip together with the application form.
- Complete application must reach the Office of the Director of Graduate Studies any date between February and not later than July, 2017. Incomplete applications, unless otherwise, will not be processed.
- Complete and well written academic and experience reflecting copy of cv must be attached with the application form.
- The medical form must be fully completed, and signed, by a practicing medical doctor.
- Two letters of recommendation from persons who are in a position to judge the applicant's academic ability and character.
- A statement of 400 words of why the student wishes to pursue a Masters degree at Mount Meru University.

SECTION 1: PERSONAL DATA¹

1.1 Name (Begin with last in capitals, then first, middle)

1.2 Gender (Tick) Male Female Date of Birth (Day/Month/Year) _____

1.3 Nationality _____ Country of Residence _____

1.4 Religious Affiliation _____ If Christian, state
denomination _____

1.5 Marital Status (Tick) Single Married (Please attach a copy of
marriage certificate)

Spouse's Name (if married attach marriage certificate)
_____ Number of Children _____

1.6 Disability if any (Attach a copy of medical document) _____

1.7 Current Mailing Address

Contact Telephone _____ E-mail Address

1.8 Next of Kin's Name

Address

Contact Telephone _____ E-mail Address _____

1.9 Sponsor's Name (If applicable)

Address

Contact Telephone _____ E-mail Address

¹Mount Meru University does not discriminate in admissions because of national or ethnic origin, race, color, creed or religion.

1.10 Give names of two people in responsible positions who know you well and who will serve as your referees. (one of which should/may be a previous professor/employer, and a community leader).

1.10.1 Name _____ Position _____

Address _____

Contact Telephone _____ E-mail Address _____

1.10.2 Name _____ Position _____

Address _____

Contact Telephone _____ E-mail Address _____

SECTION 2: CHOICE OF PROGRAM OF STUDY AND CONCENTRATIONS

Tick Against	<i>Program of Study</i>	Tick Against	<i>Majors/Options</i>
	Master of Business Administration (From the list of subjects listed on the right, select the concentration which you wish to pursue)		General
			Entrepreneurship
			International Business
			Finance
			Marketing
	Master of Arts in Community Development		

SECTION 4: EDUCATIONAL BACKGROUND

4.1 Colleges/Universities Attended (Give names, course/program of study pursued, dates and academic qualifications attained, beginning with the most recent)

Name of School/Institution	Course/Program of Study	Years Attended	Qualification Attained

4.2 Other Programs / Courses / Special Training Taken

SECTION 5: EMPLOYMENT RECORD (If any, beginning with the most recent)

Name of Employer	Post Held	Duration

5.1 State any relevant academic/professional qualification or experience that you hope to bring into the program being applied for.

SECTION 6: STATEMENT OF PURPOSE

6.1 In not more than 400 words, write your personal statement of why you wish to pursue this program of study.

SECTION 7: DECLARATION OF PUBLIC CONDUCT

7.1 I have never been involved in any public disorderly conduct:
 _____ (signature)

SECTION 8: DECLARATION

8.1 It should be noted by all applicants that all cases of impersonation, falsification of documents or giving incorrect information, etc., whenever discovered either at registration or afterwards will lead to automatic CANCELLATION OF ADMISSION and the case will be reported to the relevant Tanzania legal authorities.

8.2 Having noted and understood the implication of impersonation, falsification of documents or giving incorrect information, etc., **I confirm that all the information that I have given in this form is correct.**

Signature of Applicant _____ Date _____

Mount Meru University's bank account numbers are:

- National Bank of Commerce, Meru Branch, Arusha: *Tshs. Account No. 057103000058*
- Standard Chartered Bank (T) Ltd., Arusha Branch: *Tshs. Account No. 0102014001600; US\$ Account No. 870201400600*
- Kenya Commercial Bank (T) Ltd., Arusha Branch: *Tshs Account No. 221760314*
Kshs. Account No. 418000024
- Tanzania Investment Bank, Arusha Branch
Tshs Account No. 001644443113401
- CRDB: *Tshs Account No. 0150300901700*

Mail this application form together with: a current curriculum vitae, copies of relevant academic credentials, two sealed recommendations from your referees, completed medical form signed by the examining medical doctor, a statement of 400 words of why you wish to pursue this advanced degree, and proof of payment of application fee to:

The Director of Graduate Studies
Mount Meru University
P. O Box 11811
Arusha, Tanzania

MOUNT MERU UNIVERSITY
(Graduate Studies Programs)

Referee's Letter of Recommendation (Academic)

SECTION 1 *(To be filled by the applicant)*

Full name of applicant

Program applying for:	<i>(Tick where appropriate)</i> 1. <input type="checkbox"/> Master of Business Administration ; with concentration in: <input type="checkbox"/> General <input type="checkbox"/> Entrepreneurship <input type="checkbox"/> Finance <input type="checkbox"/> Marketing <input type="checkbox"/> International 2. <input type="checkbox"/> Master of Arts in Community Development
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Full name of referee

SECTION 2 *(To be filled by the referee)*

Please write candidly about the applicant. You may attach a letter to this form. Indicate how long and in what *capacity* you have known the applicant. Comment on the applicant's qualifications and potential for graduate study in the field specified as well as his/her promise of professional success. In describing such attributes as intellect, motivation and maturity, please comment on both the strong and weak points.

In order to keep your comments confidential, we ask that you complete and sign this form, seal it in an envelope, sign along the sealed flap of the envelope and return it to the applicant to include with his/her other application materials.

1. I have known the applicant for a period of _____ years.
2. In what capacity have you known the applicant?

3. Please give your opinion of the applicant's qualifications and potential for graduate study in the field specified above *(tick as applicable)*:

___ Excellent ___ Good ___ Fair ___ Poor

4. How do you rate the applicant on the following attributes? *(tick as applicable)*

Attribute	Excellent	Good	Average	Poor
Academic ability				
Intellectual potential				
Motivation for graduate studies				
Creativity and originality				

English writing skills				
Maturity				
Inter-personal relations				
Promise of professional success				
Integrity and reliability				
Honesty				
Moral character				

5. Additional Comments

Please use the space below for additional information which you believe would be helpful in assessing the candidate's application for graduate studies.

5.1 Examples of applicant's intellectual abilities

5.2 Examples of applicant's strengths and weaknesses

5.3 Comment on moral qualities of the applicant

5.4 Comment on leadership qualities of the applicant

5.5 Comment on the applicant's problem-solving approach _____

6. How do you recommend this applicant (*tick as applicable*)

- Highly recommended
 Recommended
 Recommend with reservation
 Do not recommend

Briefly give reason(s) for this opinion

Full name of referee _____

Position

Postal address

Office telephone number _____ Mobile telephone number

E-mail address _____

Signature _____ Date _____

MOUNT MERU UNIVERSITY (Graduate Studies Programs)

Referee's Letter of Recommendation (*Character*)

SECTION 1 (*To be filled by the applicant*)

Full name of applicant

Program applying for:	<i>(Tick where appropriate)</i> 2. <input type="checkbox"/> Master of Business Administration ; with concentration in: <input type="checkbox"/> General <input type="checkbox"/> Entrepreneurship <input type="checkbox"/> Finance <input type="checkbox"/> Marketing <input type="checkbox"/> International 2. <input type="checkbox"/> Master of Arts in Community Development
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Full name of referee

SECTION 2 (*To be filled by the referee*)

Please write candidly about the applicant. You may attach a letter to this form. Indicate how long and in what capacity you have known the applicant. Comment on the applicant's qualifications and potential for graduate study in the field specified as well as his/her promise of professional success. In describing such attributes as intellect, motivation and maturity, please comment on both the strong and weak points.

In order to keep your comments confidential, we ask that you complete and sign this form, seal it in an envelope, sign along the sealed flap of the envelope and return it to the applicant to include with his/her other application materials.

7. I have known the applicant for a period of _____ years.

8. In what capacity have you known the applicant?

9. Please give your opinion of the applicant's qualifications and potential for graduate study in the field specified above (*tick as applicable*):

___ Excellent ___ Good ___ Fair ___ Poor

10. How do you rate the applicant on the following attributes? (*tick as applicable*)

Attribute	Excellent	Good	Average	Poor
Academic ability				
Intellectual potential				
Motivation for graduate studies				
Creativity and originality				

English writing skills				
Maturity				
Inter-personal relations				
Promise of professional success				
Integrity and reliability				
Honesty				
Moral character				

11. Additional Comments

Please use the space below for additional information which you believe would be helpful in assessing the candidate's application for graduate studies.

11.1 Examples of applicant's intellectual abilities

11.2 Examples of applicant's strengths and weaknesses

11.3 Comment on moral qualities of the applicant

11.4 Comment on leadership qualities of the applicant

5.5 Comment on the applicant's problem-solving approach

12. How do you recommend this applicant (*tick as applicable*)

- Highly recommended
 Recommended
 Recommend with reservation
 Do not recommend

Briefly give reason(s) for this opinion

Full name of referee _____

Position

Postal address

Office telephone number _____ Mobile telephone number

E-mail address _____

Signature _____ Date _____

**MT. MERU UNIVERSITY
P.O. BOX 11811**

ARUSHA, TANZANIA

MEDICAL CERTIFICATE

SURNAME: _____ OTHER NAMES:

AGE: _____ SEX: _____ MARITAL STATUS: _____ CITIZENSHIP:

PERSONAL HISTORY: Is the examinee suffering from any of the following? (*tick as indicated*)

CONDITION	YES	NO		CONDITION	YES	NO
Drug allergies				Eye disorder		
Allergies				Ear / nose / throat disorders		
Tuberculosis				Toothache		
Pneumonia				Serious accidents		
Asthma				Major operations		
Rheumatic heart disease				Skin disease		
Heart disease / hypertension				Diabetes		
Varicose veins				Arthritis		
Recurrent indigestion				Malaria		
Peptic ulcers				Physical disability		
Jaundice / hepatitis				Epilepsy		
Bilharzia / schistosomiasis				Psychosis / depression		
Dysentery / amoebiasis				Tobacco use		
Kidney / urinary infections				Alcohol use		

Gynecological disorders				List other serious disorders		
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PHYSICAL EXAMINATION:

Height: _____m. _____ cm. Weight _____kg.

Vision: Right _____ Left _____

Hearing: _____

Mouth: _____ . Throat: _____ . Teeth:

Chest / Lungs:

Heart: BP _____ Heart Murmur? _____

Abdomen:
 Splnomegally _____
 Hepatomegally _____
 Hernia _____
 Hydrocele masses _____
 GE reflux or peptic ulcer disease _____

LABORATORY:

Urinalysis: _____

Stool: (Bilharzia? / amoeba?) _____

Are any of the following tests indicated:

CXR _____

HIV Serology _____

VDRL Serology _____

Pregnancy Test _____

CONCLUSION:

I have examined Mr / Mrs / Miss/ _____ and considered that **he/ she is / is not** physically and mentally fit to be admitted to higher studies.

Date

Signature

Name

Title

Qualifications

Address:
