

# MOUNT MERU UNIVERSITY

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Passport
Size
Photograph

## OFFICE OF THE DIRECTORATE OF POST GRADUATE STUDIES

### APPLICATION FOR ADMISSION TO POST GRADUATE PROGRAMS FOR THE 2018/2019 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 form must reach the Office of the Directorate of Post Graduate Studies not later than 31<sup>st</sup> of July 2018. Incomplete applications forms 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 Master's degree at Mount Meru University.

## SECTION 1: PERSONAL DATA<sup>1</sup>

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

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

\_\_\_\_\_

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**

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

**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)

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


4.2 Other Programs / Courses / Special Training Taken

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**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.

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**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:**

- CRDB: Tshs Account No. 0150300901700
- Standard Charter Bank: 0102014001600

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 the Post Graduate Studies  
Mount Meru University  
P. O Box 11811  
Arusha, Tanzania**

**MOUNT MERU UNIVERSITY  
(Post 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"/> <b>Master of Business Administration</b> ; 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"/> <b>Master of Arts in Community Development</b>
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Full name of referee

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**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.

- I have known the applicant for a period of \_\_\_\_\_ years.
- In what capacity have you known the applicant?  
\_\_\_\_\_
- 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

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5.2 Examples of applicant's strengths and weaknesses

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5.3 Comment on moral qualities of the applicant

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5.4 Comment on leadership qualities of the applicant

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5.5 Comment on the applicant's problem-solving approach \_\_\_\_\_

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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

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Full name of referee \_\_\_\_\_

Position

Postal address

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Office telephone number \_\_\_\_\_

\_\_\_\_\_ Mobile telephone number

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E-mail address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**MOUNT MERU UNIVERSITY**  
**(Post 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"/> <b>Master of Business Administration</b> ; 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"/> <b>Master of Arts in Community Development</b>
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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

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11.2 Examples of applicant's strengths and weaknesses

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11.3 Comment on moral qualities of the applicant

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11.4 Comment on leadership qualities of the applicant

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5.5 Comment on the applicant's problem-solving approach

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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		

**PHYSICAL EXAMINATION:**

Height: \_\_\_\_\_m. \_\_\_\_\_ cm.      Weight \_\_\_\_\_kg.

Vision: Right \_\_\_\_\_      Left \_\_\_\_\_

Hearing: \_\_\_\_\_

Mouth: \_\_\_\_\_ . Throat: \_\_\_\_\_ . Teeth:  
\_\_\_\_\_

Chest / Lungs:  
\_\_\_\_\_

Heart: BP \_\_\_\_\_ Heart Murmur? \_\_\_\_\_

Abdomen:

- Splenomegally \_\_\_\_\_
- 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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

