

Alumni Registration form

**ALUMNI REGISTRATION FORM: KILIMANJARO CHRISTIAN MEDICAL UNIVERSITY
COLLEGE (KCMUCo)**

The KCMUCo would like to congratulate you for successfully completing your studies!
KCMUCo has now setup an Alumni and Career Counseling Office to keep in contact with the KCMUCo graduates (Alumni) over the years, to maintain contact and interaction between alumni and current students, and to generate ideas to improve the course for both alumni, current students and the institution in general.

****Please fill the form below to help us achieve this goal. Thank you.**

***Required**

First Name * Middle Name * Last Name *
.....
Student ID Gender * M F
Course completed.....Year graduated.....
Date of Birth*.....
Place of Birth (Region).....1. Rural? 2. Urban?
Marital Status* Married Single Widowed
Divorced
Citizenship/Nationality*.....
Current Residence (Country, District Town, Region).....

Email Address*.....
Mobile Phone Number*.....
Secondary School(s) Attended: O - Level.....
A-Level:
Source of Sponsorship during your Medical Training *.....

Additional Education Information*

Qualification(s) obtained before the current course at KCMUCo
Name of Institution 1Course/Program.....
Course duration: Year startedYear ended..... Degree/Specialty.....
Source(s) of Sponsorship.....
Name of institution 2.....Course/Program.....
Course duration: Year startedYear ended..... Degree/Specialty.....
Source(s) of Sponsorship.....

Current Employment Information*

Sector of Employment (Select all that apply)
Academic Administrative Practicing Physician Research
Other: Specify.....
Name and Address of current Employer.....
Country..... Region Town.....
Position/Rank.....
1. Government 2. Private/Profit 3. NGO 4. Faith Based
Organization

Do you consider your working location as 1. Rural 2. Urban

Future Employment Information (Career Prospects)

Where do you expect to work within coming 5 years? 1. In the country 2. Outside the country

Which sector do you hope to work? **(Select one)**

Academic Administrative Practicing Physician Research
Other: Specify.....

Do you hope to, or are already playing a social role in your community?

Yes No

If Yes, what role?

Advocacy/Community Activist Mentor Philanthropist
Politician Others, Specify

What role would you be willing to take at KCMUCo as an Alumni? (Select all that apply)

Academic Administrative Practicing Physician Research
Philanthropist

- *Constitution*
- *Call for nomination*
- *Election nomination form*
- *Alumni Newsletter*

News and events

- *Photo gallery*
- *Photos/ videos clips*
- *Link to social media*
- *Link to KCMC/Duke Websites*