



KILIMANJARO CHRISTIAN MEDICAL UNIVERSITY COLLEGE
A Constituent College of Tumaini University Makumira

Ref. No: _____
(For official use)

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passport size
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name clearly printed
on the back of the
photograph

**APPLICATION FORM FOR ADMISSION TO MASTER DEGREE
PROGRAMMES - ACADEMIC YEAR 2018/2019**

GENERAL INSTRUCTIONS:

This form contains important information. Please read the form carefully and make sure that you have covered everything on the form before submission. Return an appropriately filled form to the Admissions officer at the KCMU- College with the necessary attachments. Please provide a reliable e-mail address for correspondence. The **deadline** for receiving applications is **30th August 2018**.

Application fee: Application fee is 50,000 Tanzanian shillings (50 US dollars for foreign applicants). You should pay the fee into the college bank account as shown below. A copy of the pay-in slip should be attached with the filled forms. The original copy will be required for verification when the applicant reports for registration at the college and the college bursar will issue a receipt to confirm the payment.

The forms will not be processed if proof of payment of application fee is lacking

The Account is as follows:

Kilimanjaro Christian Medical College

Local Account (Tshs): 017101001339

NBC Moshi Branch

TANZANIA

Forex Account (Dollar account): 017105000676

SWIFT CODE. NLCBTZTX

NBC Moshi Branch

P. O. Box 3030, MOSHI - TANZANIA

POSTGRADUATE PROGRAMMES ACADEMIC YEAR 2018/2019

(PLEASE TICK ON THE PROGRAMME OF YOUR CHOICE)

Master of Medicine Programmes:

1. MMed in Orthopaedic Surgery ()

Master of Science Programme:

1. MSc. in Epidemiology and Applied Biostatistics/MPH ()

Attachments: When returning the filled application form (as hard copy), the following papers should be attached:

- i. A copy of the bank pay-in slip as evidence for having paid the application fee
- ii. A copy of certified Secondary school certificates and transcripts (both CSE & ACSE) indicating academic performance
- iii. Proof of availability of sufficient funds to pursue the course.
- iv. Undergraduate degree certificate and transcript.
- v. For MMed applicants, copy of Internship certificate
- vi. For MSc. Midwifery applicants, copy of a valid midwifery license to practice
- vii. Curriculum Vitae with names and contacts of three referees
- viii. TOEFL iBT™ score of 65 and above (non-English speaking)
- ix. A medical examination form

Duly filled documents and forms to be sent to:

The Deputy Provost for Academic Affairs (Admissions Officer)

Kilimanjaro Christian Medical College

P. O. Box 2240, MOSHI, Tanzania

Telephone 255-27-2753616

Fax: 255-027-2751351

Email : admission@kcmuco.ac.tz

Web page: <http://www.kcmuco.ac.tz>

NOTE: Please fill the form using block (capital) letters

MASTERS PROGRAMME:

1 (a) State Master's Programme degree you are applying for:

A: PERSONAL PARTICULARS:

- (i) Surname (Block letters) _____
- (ii) First Name in Full (Block letters) _____
- (iii) Middle names in full (Block letters) _____

Note: The names in which you'll be registered are those which appear on your form IV certificate.

- (iv) Sex: Male _____ Female _____
- (v) Date of Birth: _____ Month _____ Year _____
- (vi) Place of Birth: District _____ Region _____
- (vii) Marital status _____
- (viii) Religion: _____
- (ix) Citizenship: _____
- (x) Country of Residence: _____ District: _____
- (xi) Current Address to which information should be mailed.

Email: _____

Phone: _____ Fax: _____

Postal Address: _____

Medical information*

- (xii) Do you have any physical or communication disabilities? (Tick/whichever
- (xiii) is applicable):

a) Vision: ____ Mobility: ____ Speech: ____ Hearing: ____ Others: ____

If any of the above is present give details of disability _____

b) Duration of the disability: _____

***N.B:** This information is to prepare the University College to receive you and will not mitigate against your admission.

B: (a) ACADEMIC QUALIFICATIONS

	1 st Degree	2 nd Degree	3 rd Degree
Awarding University/College:	_____	_____	_____
Year of Award:	_____	_____	_____
GPA (if applicable)	_____	_____	_____
Class: (if applicable)	_____	_____	_____

(b) Professional Awards:

- (a) Award: _____
- (b) Awarding Institution/ Association: _____
- (c) Duration of Programme: _____
- (d) Year of Award: _____

C. PROFESSIONAL/WORKING EXPERIENCE:

- (i) Current employment and position held: _____
- (ii) Current Employer and address: _____

- (iii) Previous employment and position held: _____

D. Indicate if Permission has been given by a current employer: _____

E. FINANCIAL SPONSORSHIP (FOR COLLEGE FEES):

Give full name and addresses: _____

F. YOUR CONTACT INFORMATION:

Address to which information should be sent if your applicant is successful:

(Information will be sent to successful candidates only)

Email: _____ Phone: _____

Postal Address: _____

Fax: _____

NOTE: Change of address must be communicated to the Admissions Officer

Statement by Applicant:

I have acquainted myself with the instructions for application to the Kilimanjaro Christian Medical University College and certify that to the best of my knowledge the information given above is correct.

Date: _____ Signature of Applicant: _____