

MARIAN UNIVERSITY COLLEGE

A Constituent College of St. Augustine University of Tanzania
P. O. Box 47, Bagamoyo, Tanzania

REGISTRATION FORM

Semester _____ Academic Year _____

Registration Number _____

Surname First Name Middle Name

_____/_____/_____
Permanent Address & Telephone Number Day Month Year
Date of Birth

Home Address for Emergency Contact Passport/ ID Number

Country & Nationality A-Level Div Subjects and Grades Score

POSITION AT MARUCO

Faculty
.....
.....

Department
.....
.....

Undergraduate

1 Year 2 Year

Year of Study _____

Degree Programme
.....

GANDER

Female

Male

MARITAL STATUS

Married

Single

RELIGION

Catholic

Protestant

Muslim

Others

Specify

CARRY OVER/SUPPLEMENTARY FOR 2015/2016 ACADEMIC YEAR

	COURSE CODE	COURSE TITLE (IN FULL)	CREDITS	SEM 1 OR 2 COURSE	CARRY OR SUPP
1					
2					
3					
4					

COURSES FOR 2016/2017 ACADEMIC YEAR

SEMESTER 1:

	COURSE CODE	COURSE TITLE (IN FULL)	CREDIT HOURS
1			
2			
3			
4			
5			
6			
7			
8			
9			
		TOTAL CREDIT HOURS	

SEMESTER 2:

	COURSE CODE	COURSE TITLE (IN FULL)	CREDIT HOURS
1			
2			
3			
4			
5			
6			
7			
8			
9			
		TOTAL CREDIT HOURS	

- Student's Declaration I declare with certainty that the information given above is correct
- I have received the By-Laws and I shall observe the general regulation of the University College and obey all lawful authorities in the College: Student By-Laws, exercise discipline, shall promote the good name of the University College. I shall participate in all academic activities conducted from **Monday through Saturday**.

Student's Signature _____ Date: _____

