



THE OPEN UNIVERSITY OF TANZANIA

INSTITUTE OF EDUCATIONAL AND MANAGEMENT TECHNOLOGY

COURSE REGISTRATION FORM

STUDENT'S NAME: _____

ADDRESS: _____

MOBILE: _____

OUT STUDENTS REGISTRATION NO: _____

OFFICE OF WORK: _____

OCCUPATION: _____

E-MAIL: _____

NAME OF SPONSOR/GUARDIAN: _____

TELEPHONE / MOBILE NO OF SPONSOR/GUARDIAN: _____

A. YOUR EDUCATION LEVEL: Form IV Form VI College University

B. COURSE NAME: _____

C. COURSE SESSION (TIME) PREFERED: _____

D. VENUE: OUT HEADQUARTERS ODL, BIAFRA BRANCH OR _____ BRANCH

E. COURSE FEE: TSH/USD _____ REGISTRATION FEE: TSH/USD _____

F. COURSE START DATE: _____ COURSE END DATE: _____

Registration confirmation and full fees payments done one week before the course commencement

APPLICANT SIGNATURE: _____ Date: _____

Application forms by fax or e-mail and confirmed payments to "The Open University of Tanzania -IET" should be addressed to:

Director IET

Institute of Educational Technology

The Open University of Tanzania

Kawawa Road – Kinondoni (Near Biafra Grounds)

P. O. Box 23409

DAR ES SALAAM

Tel/ Fax 2668835

Mob: 0787 – 616193 or 0754 – 289246

E-mail: ict.training@out.ac.tz

Website: <http://www.out.ac.tz>

Cash or Cheques deposited at: **OUT - IET ACCOUNT, CRDB KIJITONYAMA: ACCOUNT NO: 01J1013520600**