

THE OPEN UNIVERSITY OF TANZANIA

DIRECTORATE OF EXAMINATIONS SYNDICATE

Application form for issuing of University certificate

(To be filled in by the applicant-Before filling in the form see the application guidelines)

1. Applicant's First Name and middle name(if any) _____
2. Surname _____
3. University registration number _____
4. Faculty/Institute _____
5. Certificate to be issued _____
6. Particulars of graduation ceremony; Date of graduation _____ Study program _____
7. Type of identification _____ No. _____ Issuing authority _____ Date of issue _____ Place of issue _____ Expiring date _____
8. Mode of delivery _____
9. Declaration: I _____ the applicant declare that the facts stated are true and correct to the best of my knowledge and if found false by the University, I shall abide by the decision of the University.

Declared by me _____

At _____

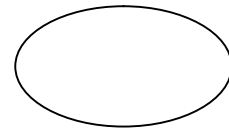
This _____ day of _____ 20_____

Signature of declarant _____

Witnessed by _____

Qualifications _____

Notary stamp



FOR OFFICIAL USE ONLY

Issuing Officer: Name _____ Title _____

Signature _____ Date _____