

THE OPEN UNIVERSITY OF TANZANIA
DIRECTORATE OF POSTGRADUATE STUDIES

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OUT/DPGS-A2

APPLICATION FORM FOR ADMISSION INTO MASTER PROGRAMMES

1. Applicants are required to submit **ONE COPY** of this application form
2. **Certified copies of certificates and their associated transcripts** must be attached to and submitted with the completed form. **Any application not accompanied by these documents will neither be processed nor acknowledged**
3. The copy of the filled in application form and the indicated attachments should be returned directly to any nearby Open University of Tanzania regional/coordinating centre: Alternatively, the package can be sent by mail to: **Director of Postgraduate Studies, the Open University of Tanzania, P. O. Box 23409 Dar es Salaam, TANZANIA** or by Email as **ONE PDF FILE** to: dpgs@out.ac.tz

SECTION A: TO BE COMPLETED BY THE APPLICANT

Fill in spaces provided and tick appropriate box

1. Surname (Block Letters) _____
2. Other Names _____
3. Present Address _____

4. Date of Birth _____
5. Country of Birth _____
6. Nationality _____
7. Citizenship _____
8. Telephone No _____ E-mail _____
9. Sex: Male Female
10. Marital Status: Single Married
11. Present Employer: _____
12. Employed as: _____
13. Financial Sponsor: _____
14. **Programmes offered under different faculties are as indicated below, please tick appropriate box**

I. FACULTY OF EDUCATION

S/N	PROGRAMME	
1.	Masters of Education by Thesis (M.Ed)	
2.	Masters of Education in Open Distance Learning (M.Ed. ODL)	
3.	Masters of Education in Administration, Planning and Policy & Studies M.Ed (APPS)	
4.	Masters in Curriculum Design and Development (MEDCDD)	
5.	(Any other)	

II. FACULTY OF LAW

S/N	PROGRAMME	
1.	Master of Law by Course Work & Dissertation (LLM)	
2.	Master of Law in International Criminal & Justice (LLM ICJ)	
3.	(Any other)	

III. FACULTY OF SCIENCE, TECHNOLOGY & ENVIRONMENTAL STUDIES

S/N	PROGRAMME	
1.	Master of Science in Environmental Studies - Health (MES)	
2.	Master of Science in Environmental Studies - Management (MES)	
3.	(Any other)	

IV. FACULTY OF BUSINESS MANAGEMENT

S/N	PROGRAMME	
1.	Masters of Business Administration (MBA)	
2.	Master of Business Management Transport and Logistics Management (MBA T & LM)	
3.	Masters of Human Resource Management (MHRM)	
4.	Masters in Project Management (MPM)	
5.	MBA by Thesis	
6.	(Any other)	

V. FACULTY OF ARTS AND SOCIAL SCIENCES

S/N	PROGRAMME	
1.	Master of Social Work (MSW)	
2.	Master of Science in Economics (MSc. Economics)	
3.	Master in Community Economic Development (MCED)	
4.	Master of Arts in Tourism Studies (MATS)	
5.	Masters of Arts in History (MA History)	

6.	Master of Arts in Natural Resource Assessment and Management (<i>MANRAM</i>)	
7.	Master of Arts in International Development and Cooperation (<i>MA ICD</i>)	
8.	Master of Science in Humanitarian Action, Cooperation & Development (<i>MA HACD</i>)	
9.	Master of Arts in Governance and Leadership (<i>MA GL</i>)	
10.	Master of Arts in Kiswahili (<i>MA Kiswahili</i>)	<i>Literature (Fasihi)</i>
		<i>Linguistics (Isimu)</i>
11.	Master of Arts in Geography (<i>M.A. (Geography)</i>)	
12.	Master of Arts in Economics (<i>M.A. (Econ)</i>)	
13.	Masters in Library and Information Management	
14.	Master of Arts in Monitoring and Evaluation (<i>MA M&E</i>)	
15.	Master of Arts in Gender Studies (<i>MA GS</i>)	
16.	Master of Arts in Mass Communication (<i>MA Masscomm</i>)	
18.	(Any other)	

15. Indicate the preferred mode of study:

Course work and Dissertation

Thesis

16. Indicate preferred mode of coursework and dissertation:

Blended **Evening** **Executive**

17. **Educational background and other professional qualifications**
(Start with the most recent award)

Title of Award	Specialization	Name of Institution	Date Obtained	GPA	Duration (Years)

18. Form four index number (if applicable) _____

19. Form six index number (if applicable) _____

20. Professional and/or Employment Experience

Name of Organization	Duration of Employment	Title or Position held	Job Description

21. You may propose name(s) and provide contacts of potential supervisors **IF YOU ARE DOING YOUR MASTER'S DEGREE BY THESIS** (also attach their CVs).

Proposed supervisors:

(i) **Name:** _____

Address: _____

Telephone(s) no.(s): _____

Email address(s): _____

(ii) **Name:** _____

Address: _____

Telephone(s) no.(s): _____

Email address: _____

22. Name two persons who are prepared to be your referees as a potential postgraduate student in your respective field of study.

(i) **Name:** _____

Address: _____

Telephone(s) no.(s): _____

Email address(s) _____

(ii) **Name:** _____

Address: _____

Telephone(s) no.(s): _____

Email address(s) _____

Signature of applicant: _____ **Date:** _____

SECTION B: TO BE COMPLETE BY THE EMPLOYER AND/OR SPONSOR

(To be filled even if the employer is not sponsoring the applicant)

23. Has the applicant been confirmed in his/her employment? YES/NO _____

24. How long has the applicant been in service? _____

25. If the applicant gains admission, will you release him/her for studies? YES/NO _____

26. If the applicant gains admission, will you support him/her financially? YES/NO _____

27. Any other remarks: _____

28. Signature of employer/sponsor: _____ Date: _____

SECTION C: GUIDELINES FOR PREPARATION OF A CONCEPT NOTE FOR REGISTRATION TO a MASTER’S DEGREE BY THESIS

- 1.0 **TITLE:** The applicant should give a clear title of the research topic, which will be the basis for deciding on the Faculty in which the research will be conducted and guiding the faculty on the search for supervisor(s).
- 2.0 **STATEMENT OF A RESEARCH PROBLEM AND LITERATURE REVIEW**
 - 2.1 **A Brief Statement of the Research Problem.** Under this heading the applicant should outline the research problem, giving the background to it, and its significance.
 - 2.2 **Brief Literature Review.** The applicant should also give a brief review presenting the principal literature on the problem area i.e. what has been done on the research problem. He/she should list the preliminary references cited in the text of the statement or tentative research proposal. Authors names should be according to agreed conventions.
 - 2.3 **Research Objectives.** The applicant should show the principal objectives of the intended research, outline what gaps of knowledge will be filled through the research, and what advances will be made when the research plan is executed. Provisional hypotheses should be presented, if already formulated.
 - 2.4 **Research Methodology.** The applicant should briefly indicate the instruments to be used and methods to be adopted in carrying out research

Checklist (to be checked against by each applicant before submitting the form)

- 1. All personal data are filled in (postal address, email, phone number) ()
- 2. Names are written as they appear in secondary education certificate ()
- 3. All copies of **Certified** academic **certificates and their associated transcripts** are attached (i.e. form 4, form 6/equivalent, BA/adv. Dip, etc.) ()
- 4. Transcripts are placed next to their attendant certificates ()
- 5. Attachments to the form are arranged in ascending order ()
- 6. The sought programme is ticked against ()
- 7. The mode of study is indicated ()
- 8. A concept note is attached (for those who intend to study by thesis mode) ()
- 9. The form is signed ()

Sign here to prove that you have fulfilled the requirement of each element in this list

Date: _____

SECTION D: FOR OFFICIAL USE ONLY

(To be filled by a Postgraduate Admission Officer)

- 1. The form is dully filled in: YES/NO _____
- 2. The checklist is adhered by YES/NO _____
- 3. Name of a receiving officer: _____
- 4. Signature of a receiving officer: _____ Date _____
- 5. Comments _____

(To be filled by a Relevant Academic Staff at the Faculty Level)

6. The applicant qualifies for admission into the programme sought: YES/NO _____
7. If the answer to item 6 is No, give reasons _____

8. IF THE APPLICANT IS DOING THEIR STUDY BY THESIS, Provide names and contacts of the recommended supervisor(s) (i.e. their institutions, postal addresses, emails and phone numbers)
- i. _____

- ii. _____

9. Comments (if any) _____

10. Name of the academic staff in question: _____
11. Designation of the Academic staff in question: _____
12. Signature: _____ Date _____