

THE OPEN UNIVERSITY OF TANZANIA
DIRECTORATE OF POSTGRADUATE STUDIES

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Dar es Salaam, Tanzania
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REGISTRATION FOR POSTGRADUATE STUDENTS

(TO BE RETURNED TO POSTGRADUATE ADMISSION OFFICE)

1. First name: _____ Middle name: _____
Surname: _____ Sex: _____
2. Programme: _____ Mode. e.g. Thesis/blended/evening: _____
3. Date of birth (DD/MM/YYYY): _____ Marital status: _____
4. Department: _____ Faculty: _____
5. Registration no. _____ Year of admission: e.g. 2017/2018: _____
6. Year of study e.g. first, second: _____
7. Regional centre: _____ Nationality: _____
8. Current postal address: _____
9. Permanent address (if different from the above): _____
10. Telephone number(s): _____
11. E-mail address: _____
12. Physical address: _____
13. Subject (If applicable): _____
14. Sponsorship (Private/Govt.): _____
15. Physical disability: Yes/No _____ Type of disability: _____
16. Receipt No. for payment of registration fees: _____
17. Student's signature: _____
18. Date submitted: _____
19. Place where submitted: _____
20. Name & signature of a receiving officer: _____
21. Date received at DPGS: _____
22. Name & signature of a receiving DPGS' officer: _____
23. Comments: _____

NOTE:

1. Please submit this form with one passport size colored photographs (with name and registration number written on its back side) for your student identity card and personal file.
2. It is the responsibility of the student to be conversant with all higher degree guidelines and regulations and to follow them as stipulated in the OUT Prospectus
3. It is student's responsibility to ensure that progress reports are submitted every six months to the Director of Postgraduate studies (find the form at the appendix of prospectus available on www.out.ac.tz)