

**THE OPEN UNIVERSITY OF TANZANIA**  
**DIRECTORATE OF POSTGRADUATE STUDIES**

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**APPLICATION FORM FOR ADMISSION INTO DOCTOR OF PHILOSOPHY PROGRAMMES (PhD 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. Certificates obtained from foreign Institutions must be submitted to the Tanzania Commission for University (TCU) for verification, the same should be attached during the application process 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: [postgraduate.admission@out.ac.tz](mailto:postgraduate.admission@out.ac.tz).
4. Applicants are required to pay an application fee of **30,000** Tanzanian Shillings for Tanzanian citizens or 30 USD for international applicants.
  - Local applicants should visit any nearest OUT regional centre to obtain a control number which will enable them to make payments.
  - International applicants should pay their fees through the Open University of Tanzania, Forex Account, NBC Bank, Swift Code, NLCB TZTX, Corporate Branch, Account Number, 011105000670.

**SECTION A: TO BE COMPLETED BY THE APPLICANT**

Fill in spaces provided and tick appropriate box

1. Surname (Block Letters) \_\_\_\_\_
2. Other Name \_\_\_\_\_
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**

<b>PROGRAMME</b>	
Doctor of Philosophy in Education (PhD)	

**II. FACULTY OF LAW**

<b>PROGRAMME</b>	
Doctor of Philosophy in Law (PhD)	

**III. FACULTY OF SCIENCE, TECHNOLOGY & ENVIRONMENTAL STUDIES**

<b>PROGRAMME</b>						
Doctor of Philosophy (PhD) in Mathematics, Chemistry, Physics, Zoology, Botany, Biology, Environment Studies and Human Nutrition						
Mathematics		Chemistry		Physics		Zoology
Botany		Biology		Environment Studies		Human Nutrition
(Any other)						

**IV. FACULTY OF BUSINESS MANAGEMENT**

<b>PROGRAMME</b>	
Doctor of Philosophy in Business Management (Ph.D)	

**V. FACULTY OF ARTS AND SOCIAL SCIENCES**

<b>PROGRAMME</b>					
<b>Doctor of Philosophy (PhD) in:-</b>					
Geography	Economics		Developments Studies	Tourism	
History	Social Work		Political Science & Public Administration,	Journalism & Mass Communication	
Kiswahili	Sociology		Linguistics		
(Any other)					

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

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

16. Form four index number (if applicable) \_\_\_\_\_

17. Form six index number (if applicable) \_\_\_\_\_

18. Professional and/or Employment Experience

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

19. You may propose name(s) and provide contacts of potential supervisors to your research(also attach their CVs).

**Proposed supervisors:**

(i) Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone(s) no. (s): \_\_\_\_\_

Email address(s): \_\_\_\_\_

(ii) Name: \_\_\_\_\_

Telephone(s) no.(s): \_\_\_\_\_

Email address: \_\_\_\_\_

20. 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)**

21. Has the applicant been confirmed in his/her employment? YES/NO \_\_\_\_\_
22. How long has the applicant been in service? \_\_\_\_\_
23. If the applicant gains admission, will you release him/her for studies? YES/NO \_\_\_\_\_
24. If the applicant gains admission, will you support him/her financially? YES/NO \_\_\_\_\_

25. Any other remarks: \_\_\_\_\_

26. Signature of employer/sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION C: GUIDELINES FOR PREPARATION OF A CONCEPT NOTE FOR REGISTRATION TO a Ph.D. DEGREE

- 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).

#### STATEMENT OF A RESEARCH PROBLEM AND LITERATURE REVIEW

**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.

**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.

**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.

**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 <b>Certified</b> academic <b>certificates and their associated transcripts</b> 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

(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. Provide names and contacts of the recommended supervisor(s) (i.e. their institutions, postal addresses, emails and phone numbers)
  - i. \_\_\_\_\_
  - ii. \_\_\_\_\_  
\_\_\_\_\_
8. Comments (if any) \_\_\_\_\_  
\_\_\_\_\_

9. Name of the academic staff in question: \_\_\_\_\_
10. Designation of the Academic staff in question: \_\_\_\_\_
11. Signature: \_\_\_\_\_ Date \_\_\_\_\_