

THE OPEN UNIVERSITY OF TANZANIA
DIRECTORATE OF EXAMINATIONS SYNDICATE

Application form for issuing of University Certificate

(To be filled in by the applicants before fill in the form see the application guideline)

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 _____

FOR OFFICIAL USE ONLY

Issuing Officer: Name _____ Title _____

Signature _____ Date _____