



MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES

DIRECTORATE OF POSTGRADUATE STUDIES

APPLICATION FOR ADMISSION TO POSTGRADUATE PROGRAMME
(PRINT OR USE BLOCK LETTERS)

Attach recent
passport size
photograph
with name
written at
back

(THE SPACE BELOW IS FOR OFFICIAL USE ONLY)

Summary of official decision:

NOTE: Three copies of this form should be completed and sent to the Admission office, copied to the Director Postgraduate Studies, and the Dean of the relevant School, Muhimbili University of Health and Allied Sciences, P.O. Box 65001, Dar es Salaam, Tanzania.

APPLICATION FOR ADMISSION TO POSTGRADUATE COURSES FOR THE YEAR

CANDIDATES'S PARTICULARS:

- 1. Surname:
- 2. First Name:.....
- 3. Middle Names:.....

NOTE: The name in which you will be registered will be that which appears on your first-degree certificate and/or internship and/or registration certificate as a Medical/Dental/Pharmacy/Nursing practitioner.

- 4. Date of Birth:
- 5. Place of Birth:
- 6. District:
- 7. Married or Single:
- 8. Sex (M or F):
- 9. Citizenship:
- 10. Country of Residence:
- 11. Address to which information should be sent if applicant is successful.

Postal.....

E-mail.....Tel.....

NOTE: Change of this address must be communicated to the ADMISSION OFFICE immediately.

ACADEMIC QUALIFICATION & PROFESSIONAL EXPERIENCE

12. Undergraduate Qualification to Support Application is:

Degree for which Certificate is attached:

Degree Achieved	Class of Degree (s)	Name of University	Year Attended	
			From	To
.....
.....
.....

NOTE: Certified copies of transcripts must be enclosed.

13. Internship: Hospital/Institute.....

Address

.....

.....

14. Professional training:

Name of Institution	Award Given	Year of Completion
.....
.....

15. Work Experience

Post Held	Employer	When (Month/Year)
.....
.....
.....

ACADEMIC REFEREES:

16. Provide names and Address of two most suitable academic referees:

i. Name.....

Address.....

Email.....

ii Name.....

Address.....

Email.....

CHOICE OF PROGRAMME

DEGREE	PROGRAMME	DURATION IN SEMESTERS	CHOICE OF SPECIALISATION OR SUPER-SPECIALISATION
1. SCHOOL OF MEDICINE			
Master of Science (MSc.)	Anatomy	4	
	Biochemistry	4	
	Cardiology	4	
	Clinical Pharmacology	4	
	Clinical Psychology	4	
	Haematology & Blood Transfusion	4	
	Neurosurgery	4	
	Neurology	4	
	Nephrology	4	
	Physiology	4	
	Respiratory Medicine	4	
Master of Medicine (MMed)*	Anaesthesiology	6	
	Anatomical Pathology	6	
	Emergency Medicine	6	
	Haematology and Blood Transfusion	6	
	Internal Medicine	6	
	Microbiology and Immunology	6	
	Obstetrics and Gynaecology	6	
	Clinical Oncology	6	
	Ophthalmology	6	
	Orthopaedics and Trauma	6	
	Ortorhinolaryngology	6	
	Paediatrics and Child Health	6	
	Psychiatry	6	
	Radiology	6	
	Surgery	6	
Urology	6		
2. SCHOOL OF DENTISTRY			
Master of Dentistry (M.Dent)*	Community and Preventive Dentistry	6	
	Oral Pathology	6	
	Oral Surgery	6	
	Paediatric Dentistry	6	
	Restorative Dentistry	6	
3. SCHOOL OF PHARMACY			
Master of Science (MSc)	Pharmaceutical Management	4	
Master of Pharmacy (M.Pharm)*	Clinical Pharmacy	4	
	Industrial Pharmacy	4	
	Hospital and Community Pharmacy	4	
	Medicinal Chemistry	4	
	Pharmaceutical Microbiology	4	
	Pharmacognosy	4	
	Quality Control and Quality Assurance	4	
4. SCHOOL OF NURSING			
Master of Science (MSc)	Critical Care and Trauma	4	
	Mental Health	4	
5. SCHOOL OF PUBLIC HEALTH AND SOCIAL SCIENCES			
Master of Arts (MA&HPM)	Health Policy and Management	4	
Master of Science (MSc TDC)	Tropical Disease Control	4	
Master of Medicine (MMed)	Community Health	6	
Master of Public Health (MPH)	Public Health	2	
Master of Public Health (Executive Track)	Public Health	2 Years	
Master of Science (MSc A E)	Applied Epidemiology	4	
Master of Science (MSc E L M)	Epidemiology and Laboratory Management	4	
Master of Science (M.Sc. PE)	Parasitology and Entomology	4	
6. INSTITUTE OF TRADITIONAL MEDICINE			
Master of Science (MSc. TRAD MEDS DEVELOPMENT)	Traditional Medicines Development	4	

*For MMed, MDent and M. Pharm degree programmes please indicate up to THREE choices.

EMPLOYER:

17. Name of Employer:

Address:

18. If the applicant gains admission will you release her/him for studies?

YES NO

Employer's Signature:

Date:

SPONSORSHIP:

Commitment of Financial Sponsor(s) for the full course:

Name: Address:

Sponsor's Signature: Date:

<i>Official Stamp Here</i>

STATEMENT BY APPLICANT:

I have acquainted myself with entrance qualifications for admission to Muhimbili University and with the courses available and certify that to the best of my knowledge the information given above is correct.

Signature of Applicant:

Date:

NOTE:

Your application forms will not be processed if you have not enclosed Bank Pay-in Slip of TShs. 50,000/= for Tanzanians and US \$ 50 for non – Tanzanian candidates. The Bank payments should be made into the following bank accounts:

1. **For Local transactions:** National Microfinance Bank (NMB), Muhimbili Branch
MUHAS Bank Account Number 2091100002
SWIFT CODE: NMIBTZZ
2. **For Foreign transactions:** NBC Samora Branch
Bank Account Number 012105003582
SWIFT NO. SAMORA BRANCH NLCBTZTXXXXX

NB: Please we are not accepting personal cheques.**Enclose all certificates, all transcripts and curriculum vitae.****FOR OFFICIAL USE ONLY: (✓ as appropriate)**Certificates ... Transcripts ... Internship ... Curriculum Vitae ... Application Fees ...