

UNITED REPUBLIC OF TANZANIA



MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

**MOSHI CO-OPERATIVE UNIVERSITY (MoCU)  
CHUO KIKUU CHA USHIRIKA MOSHI**



**INSTITUTE OF CONTINUING CO-OPERATIVE EDUCATION**

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**APPLICATION FORM FOR DISTANCE LEARNING PROGRAMMES FOR 2021/2022  
(USE BLOCK LETTERS OR TYPESCRIPT)**

**This application form must be accompanied with the following:**

1. Copies of academic transcripts (**MUST**)
2. Copies of all certificates from secondary school level and above (**MUST**)
3. Copy of birth certificate (**MUST**)
4. Proof of payment of application fee (**MUST**)
5. Three (3) recently taken photo (**MUST**)
6. Prof of nationality for foreign students (**MUST**)

Upon completion, this form should be sent to the **Programme Coordinator Eswatini**, Eswatini Co-operative Development College (ECODEC), P.O. Box 459, Mbabane, Eswatini, after paying a non-refundable application fee of **E150** for Eswatini applicants or **10 USD** for foreign applicants. Visit Eswatini Government website to download application forms ([www.gov.sz](http://www.gov.sz)) or visit the College or you may contact Programme Coordinator through (+268 7607 5554) or (+268 7907 5554) for further assistance and clarification.

**POSTGRADUATE DIPLOMA IN SAVINGS AND CREDIT CO-OPERATIVE SOCIETIES  
MANAGEMENT (PGD – SACCOS)**

**1.0 PERSONAL PARTICULARS**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Surname \_\_\_\_\_ Sex: Male [ ] Female [ ]  
Marital status: \_\_\_\_\_ Date of birth: \_\_\_\_\_  
Place of birth \_\_\_\_\_ Nationality: \_\_\_\_\_  
Physical address: Region: \_\_\_\_\_ District: \_\_\_\_\_  
Country: \_\_\_\_\_ Postal address: \_\_\_\_\_  
**Contact Details:** Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Mobile Phone Number(s): \_\_\_\_\_ **Email:** \_\_\_\_\_

**Note:** The names entered in this form must correspond and be exactly the same as those appearing on your IGCSE/SGCSE/GCE or O'Level Certificates or any other Academic Certificate.

## 2.0 TYPE OF SPONSORSHIP

Indicate the type of sponsorship for your studies. **Put a checkmark (√) accordingly.**

**Private** [ ] **Sponsored** [ ]. If the employer, provider name \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Email address \_\_\_\_\_ Mobile phone number \_\_\_\_\_

## 3.0 ACADEMIC QUALIFICATIONS

List all schools, colleges, universities or other education institutions attended

School/College/ University	Country	Date/Year		Major field of study	Certificates/Diplomas/ Degrees Awarded
		From	To		

## 4.0 EMPLOYMENT PARTICULARS [Employment history. Start with the most recent]

Name of Employer	Title/Position	Dates/Years	
		From	To

## 5.0 DECLARATION

I (*Name*), \_\_\_\_\_ declare that the information given in this form is complete and accurate to the best of my knowledge. Further, I understand that submission of forged documents and/or false information is a criminal offence.

**Signature of applicant** \_\_\_\_\_ **Date** \_\_\_\_\_

## 6.0 EMPLOYER'S RELEASE [If applicable]

This is to certify that the employer shall provide the necessary assistance (financial or time allowance) for the applicant to pursue the programme through distance learning mode.

Name of Organization: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Official Stamp)