



UNIVERSITY OF DAR ES SALAAM  
OFFICE OF THE DEPUTY VICE CHANCELLOR  
(ACADEMIC)  
DIRECTORATE OF UNDERGRADUATE STUDIES  
P.O. BOX 35091 • DAR ES SALAAM • TANZANIA

Affix 2 Black &  
White Stamp size  
Photos with your  
name clearly  
printed at the  
back

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**CERTIFICATE IN LAW APPLICATION FORM**  
**ACADEMIC YEAR: \_\_\_\_\_**

**Note:** Two copies of this form duly completed should be sent to the Director of Undergraduate Studies, University of Dar Salaam, P.O. Box 35091, Dar es Salaam through the respective Centres and should reach him/her not later than **31<sup>th</sup> August, 2018.**

Indicate the Centre: \_\_\_\_\_  
e.g. Kurasini, Ukonga, Lumumba, Dar (UDSM), Zanzibar, Arusha, Mbeya, Mwanza, Dodoma.

1. Last name (Block Letters) \_\_\_\_\_
2. First name (Block Letters) \_\_\_\_\_
3. Middle names in full (Block Letters) \_\_\_\_\_  
*Note: The names entered in this form must be the same as those on your O-level secondary certificates.*
4. Sex (M or F) \_\_\_\_\_
5. Date of Birth \_\_\_\_\_
6. Place of Birth \_\_\_\_\_
7. Nationality \_\_\_\_\_
8. Religion \_\_\_\_\_
9. Marital Status \_\_\_\_\_
10. Contact address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
11. Telephone Number \_\_\_\_\_

**Note:** Any subsequent changes of address must be communicated to the Director, Undergraduate Studies immediately.

12. Give full details of all educational qualifications obtained.  
**Note:** Attach copies of Birth Certificate, all relevant academic certificates and original pay-in slip of the payment of application fee.

12.(a) Tanzania Certificate of Secondary Education Examination (C.S.E.E.) or Equivalent.

<i>Subject</i>	<i>Grade</i>	<i>Index No.</i>	<i>Centre</i>	<i>Year</i>

Examination Authority \_\_\_\_\_ Division \_\_\_\_\_  
 Country \_\_\_\_\_

12.(b) Tanzania Advanced Certificate of Secondary Education Examination (A.C.S.E.E) or Equivalent

<i>Subject</i>	<i>Grade</i>	<i>Index No.</i>	<i>Centre</i>	<i>Year</i>

Examination Authority \_\_\_\_\_ Division \_\_\_\_\_  
 Country \_\_\_\_\_

12.(c) OTHER QUALIFICATIONS

<i>Institutes Attended</i>	<i>Qualifications</i>	<i>Certificate/Diploma</i>	<i>Year</i>

13. **EMPLOYMENT RECORD**

<i>POST</i>	<i>FROM (Date)</i>	<i>TO (Date)</i>

Describe the aspects of your work which require legal knowledge.

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14. **REFEREES:**

Give names and full addresses of two people whom you have selected to support your application. The referees selected should be well placed to report on your potential as a student in this course.

(a) Name: \_\_\_\_\_

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

(b) Name: \_\_\_\_\_

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

**Declaration**

I declare that all information given in this form is correct.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

15. **TO BE COMPLETED BY THE APPLICANT'S EMPLOYER**

I recommend/do not recommend\* that (name) \_\_\_\_\_ should be offered a place in the Certificate in Law Course. He/She\* does/does not\* require legal knowledge in his/her\* work.

I have the following comments to make on this application:

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Signed: \_\_\_\_\_

Designation: \_\_\_\_\_

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

\*Delete what is not applicable