

DAR ES SALAAM SCHOOL OF JOURNALISM

Phone: 0735 573294 | 0655-573294 |

0735 573295

Email: info.dsj@uti.ac.tz

www.dsj.uti.ac.tz



P.O. Box 25444,
Shariff Shamba, Ilala,
Dar es Salaam,
TANZANIA.

APPLICATION FOR LONG PROGRAMMES

The applicant has to pay **Tshs 20,000/=** for the application to be processed. The money is **not refundable**.

(A) Personal details (IN BLOCK LETTERS)

| | | | |
|--|--------------------------------------|--|---------|
| First Name | | P.O. Box | |
| Middle Name(IF ANY) | | City | |
| Surname | | Region | |
| SEX (tick <input checked="" type="checkbox"/> where appropriate) | Male <input type="checkbox"/> | Female <input type="checkbox"/> | Country |
| Marital Status | | Phone Number | |
| Date of Birth | | Mobile Number | |
| Place of Birth | | Email Address | |

(B) Sponsorship details (IN BLOCK LETTERS)

| | |
|-----------------------|--|
| Sponsor's Name | |
| P.O. Box | |
| City, Region, Country | |
| Phone Number | |
| Mobile Phone Number | |
| Email Address | |
| Fax Number | |

(C) Qualifications (please enclose transcripts of your results)

| SCHOOLS ATTENDED | LOCATION | DURATION (FROM –TO) | CERT.INDEX NUMBER |
|------------------|----------|---------------------|-------------------|
| | | | |
| | | | |
| | | | |

(D) Results (Ordinary Certificate of Secondary Education)

| S/N | SUBJECT | GRADE | REMARK |
|-----|---------|-------|--------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |

(E) Results (Advance Certificate of Secondary Education)

| S/N | SUBJECT | GRADE | REMARK |
|-----|---------|-------|--------|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

(F) Other courses attended

| Course | Institution | Date of study | Award | Division/ Grading |
|--------|-------------|---------------|-------|-------------------|
| | | | | |
| | | | | |
| | | | | |

(G) Please indicate your preference programme (tick (✓) where appropriate)

TWO YEARS PROGRAMMES

1. Ordinary Diploma in Journalism (General) _____

ONE YEAR PROGRAMMES

1. Basic Technician Certificate in Journalism (General) _____

Indicate the **modality** you would like to be enrolled in:

Regular Classes

Online Classes

(H) Intake applied for

Please indicate the intake you are applying for **(tick (√) where appropriate)**

January intake _____

March intake _____

July intake _____

September intake _____

(I) Please submit the following credentials as requirements for this application

- i.** Four (4) passport size photographs not older than one month from the date they were taken;
- ii.** Copies of all educational certificates academic transcript, birth certificate, curriculum vitae, (CV) and relevant testimonials
- iii.** A Medical certificate from government hospital;
- iv.** Letter from the sponsor/ employer or guardian confirming his/her readiness to sponsor the applicant;
- v.** Employed candidate must have a release letter from their employer; and
- vi.** Letter from the referee who knows you well and may comment something on your selection of the course.

(J) Additional information

Do you have any disability? (E.g. arms, legs, eyes, ears etc.)

(K) Questionnaire

How did you get to know about this programme? **(Tick (√) where appropriate)**

| | | | | | |
|--------------------|--------------------------|-----------------------|--------------------------|----------------|--------------------------|
| Television Adverts | <input type="checkbox"/> | Radio Adverts | <input type="checkbox"/> | Newspapers | <input type="checkbox"/> |
| Fliers / brochures | <input type="checkbox"/> | Relative(s)/Friend(s) | <input type="checkbox"/> | DSJ student(s) | <input type="checkbox"/> |
| Graduates from DSJ | <input type="checkbox"/> | Social Media | <input type="checkbox"/> | Exhibition | <input type="checkbox"/> |

Others (explain briefly)

(L) Verification

I hereby declare that all the information provided herein is true to the best of my knowledge and belief. Should any cheating discovered after admission, the school reserve the right to nullify the admission.

Signature of Applicant..... Date/...../20.....

FOR OFFICE USE ONLY

| | |
|---|--|
| Application fee recorded / date..... | Application AcceptedDenied..... |
| Verified by (Coordinator of Studies' Office) Name: Signature: Date...../..... /20..... | |
| COMMENTS: | |