AFRICA INTERNATIONAL UNIVERSITY (AIU)

DIRECTORATE, SCHOOL OF POSTGRADUATE STUDIES

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APPLICATION FORM FOR ADMISSION INTO DOCTOR OF PHILOSOPHY PROGRAMMES (PhD PROGRAMMES)

1. Applicants are required to submit ONE COPY of this application form

2. Certified copies of certificates and their associated transcripts must be attached to and submitted with the completed form. Certificates obtained from foreign Institutions must be submitted to the Tanzania Commission for Universities (TCU) for verification, the same should be attached during the application process. Any application not accompanied by these documents will neither be processed nor acknowledged.

3. The copy of the filled in application form and the indicated attachments should be returned directly to any nearby AIU regional/country coordinating centre: Alternatively, the package can be sent by mail to: Director, school of Postgraduate Studies, the Africa International University, P. O. Box 1183, Mbeya, TANZANIA or by email as ONE PDF FILE to: postgraduate.admission@aiu.ac.tz. Or through official WhatsApp numbers.

4. i. Applicants are required to pay an application fee of **50,000** Tanzanian Shillings for Tanzanian citizens or **30 USD** for international applicants.
   - Local applicants should visit any nearest AIU regional/country Branch to obtain a control number which will enable them to make payments or using a mobile wallet.
   - International applicants should pay their fees through the Africa International University Tanzania, Forex Account, CRDB Bank, Swift Code, CORUTZTZ, Mbeya Branch, Account Number, 01J2466369400 or by using a mobile wallet.

ii. Ph.D' s students are required to pay a tuition fee at least 1, ½, 1/3, ¼,1/5 or 1/6 of the total direct fee **Tsh.1,540,000/** OR **(770 usd)** and indirect fee **Tsh.300,000/** OR **(150 usd)**

SECTION A: TO BE COMPLETED BY THE APPLICANT

Fill in spaces provided and tick appropriate box

1. Surname (Block Letters)_____
2. OtherName _____
3. Present Address _____
4. Date of Birth_____
5. Country of Birth _____
6. Nationality _____
7. Citizenship_____
8. Telephone No / E-mail_____
9. Sex: Male ☐ Female ☐
10. Marital Status: Single ☐ Married ☐
11. Present Employer:
12. Employed as:

    _____
13. Financial Sponsor:

    _____

14. **Programmes offered under different faculties are as indicated below, please tick appropriate box**

I. FACULTY OF THEOLOGY, ARTS,CLINICAL PASTORAL EDUCATION AND SOCIAL SCIENCES

PROGRAMME							
Doctor of Philosophy (PhD) in:							
Education		Law		Pastoral Counseling and Psychology		Theology	
Community Development		Social Work		Political Science & Public Administration,		Business Management	
Missiology		Divinity		Christian Leadership		Humanities	

(Any other)	

15. **Educational background and other professional qualifications (Start with the most recent award)**

Title of Award	Specialization	Name of Institution	Date Obtained	GPA	Duration (Years)

16. Form four index number (if applicable) _
17. Form six index number (if applicable)___
18. Professional and/or Employment Experience

Name of Organization	Duration of Employment	Title or Position held	Job Description

19. You may propose name(s) and provide contacts of potential supervisors to your research (also attach their CVs).

Proposed

supervisors:(i) Name:

Address: _____

Telephone(s) no. (s):

Email address(s):

(ii) Name:

T

e_____

Tephone(s) no.(s):_____ **Email address:** _____

20. Name two persons who are prepared to be your referees as a potential postgraduate student in your respective field of study.

(i) Name:_____

Address:_____

Telephone(s) no.(s): _____ **Email address(s)** _____

(ii) Name:_____

Address:_____

Telephone(s) no.(s): _____

Email address(s) _____

Signature of applicant: _____**Date:** _____

SECTION B: TO BE COMPLETE BY THE EMPLOYER AND/OR SPONSOR

(To be filled even if the employer is not sponsoring the applicant)

21. Has the applicant been confirmed in his/her employment? YES/NO _____
22. How long has the applicant been in service?_____
23. If the applicant gains admission, will you release him/her for studies? YES/NO
24. If the applicant gains admission, will you support him/her financially? YES/NO
25. Any other remarks:_____
26. Signature of employer/sponsor:_____Date: _____

SECTION C: GUIDELINES FOR PREPARATION OF A CONCEPT NOTE/PROPOSAL FOR REGISTRATION TO a Ph.D. DEGREE

1.0 TITLE: The applicant should give a clear title of the research topic, which will be the basis for deciding on the Faculty in which the research will be conducted and guiding the faculty on the search for supervisor(s).

STATEMENT OF A RESEARCH PROBLEM AND LITERATURE REVIEW

A Brief Statement of the Research Problem. Under this heading the applicant should outline the research problem, giving the background to it, and its significance.

Brief Literature Review. The applicant should also give a brief review presenting the principal literature on the problem area i.e. what has been done on the research problem. He/she should list the preliminary references cited in the text of the statement or tentative research proposal. Authors names should be according to agreed conventions.

Research Objectives. The applicant should show the principal objectives of the intended research, outline what gaps of knowledge will be filled through the research, and what advances will be made when the research plan is executed. Provisional hypotheses should be presented, if already formulated.

Research Methodology. The applicant should briefly indicate the instruments to be used and methods to be adopted in carrying out research

Checklist (to be checked against by each applicant before submitting the form)

1. All personal data are filled in (postal address, email, phone number) ( )
2. Names are written as they appear in secondary education certificate/ equivalent ( )
3. All copies of **Certified** academic **certificates and their associated transcripts** are attached (i.e. form 4, form 6/equivalent, BA/adv. Dip, etc.) ( )
4. Transcripts are placed next to their attendant certificates ( )
5. Attachments to the form are arranged in ascending order ( )
6. The sought programme is ticked against ( )
7. The mode of study is indicated ( )
8. A concept note is attached (for those who intend to study by thesis mode) ( )
9. The form is signed ( )

Sign here to prove that you have fulfilled the requirement of each element in this list

_____

Date: _____

SECTION D: FOR OFFICIAL USE

(To be filled by a Postgraduate Admission Officer)

1. The form is dully filled in: YES/NO_____
2. The checklist is adhered by YES/NO___
3. Name of a receiving officer: _____
4. Signature of a receiving officer: _____Date_____
5. Comments _____ _____

_____

(To be filled by a Relevant Academic Staff at the University College)

6. The applicant qualifies for admission into the programme sought: YES/NO
7. If the answer to item 6 is No, give reasons _____
8. Provide names and contacts of the recommended supervisor(s) (i.e. their institutions, postal addresses, emails and phone numbers)
   i._____
   _____
   ii. _____
   _____

8. Comments(if any)

   _____
9. Name of the academic staff in question:_____ ____
10. Designation of the Academic staff in question:_____
11. Signature: _____Date _____