

The Baptist Bible College of Tanzania

PO BOX 15178; Arusha, Tanzania

Attach photo	

STUDENTS' REGISTRATION FORM FOR DEGREE/NON-DEGREE PROGRAMMES

NOTE: I: This form must be completed in duplicate by every first-year student at the time of registration. **II:** When completed and certified by college, one copy will be retained by the respective College and the second will be sent to the Admissions Office by the relevant College.

	ur Registrat egistration nu		t be the same	e as that appear	ing in the student	t's admissi	on letter.	
Со	llege:							
Pro	ogramme							
1.	Surname (or Last						
2.	First name	(Block Ca	pitals)					
	Middle names (Block Capitals)							
	(The names entered on this form must be the same as those on your letter of admission. These are the names appearing on your "O" level Certificate or equivalent documents offered as an entry qualification.							
3.	Date of Bir	rth	Day	Month	Year			
4. Origin								
		Country		Region	Distric	et	Nationality	
5.	Marital Sta	tus						
	(tick on	e)	Married	Single	Divorc	ed	Widowed	
6.	Permanent Home Address						_	
	nan	ne) (Block	Capitals)					_
	Telephone Number							
	Email A	Address						
7.	Religion (C	Christian, N	luslim, Hindu,	, etc.)	Sect or d	enominat	ion	
8.	Hall of Res	sidence _						_

9.	If non-resident give				
	-	(a) Postal Ad	ddress	(b) Resid	dential Address
10.	Satisfaction of payme	nt requirement	rs.		
Sta	te means testing grade (if	any)	Amount dire	ectly payable by	student
Am	ount already paid	A	Amount remaining ur	npaid for the acad	demic year
11.	Do you have any physica	l or communication	on disabilities? <i>(Tick</i>	whichever is ap	plicable)
	(i) Vision/mobility/speed	:h/hearing/others			
	(ii) Type and magnitude				
	(iii) Duration of the disab	oility			
	(iv) Type of supportive g	ear being used/r	equired		
	(v) Have you been receir the name and address				'es No If yes, give
	NB: This information registration. Manner of entry to this C (i) With Advanced Level (ii) Equivalent qualification (iii) Mature Age Entry Example 2 Do you hold originals of your case of the control of	follege (Tick whice I Secondary Educations (e.g. Certifica amination Scheme)	thever is applicable) ation qualifications ate/Diploma) ate (RPL) ever is applicable)	you and it will no	ot mitigate against your
	(b) A.C.S.E.E./Form VI or	r equivalent docu	ments?		
14.	(a) Certificate of Seconda Subject	ary Education/For Grade	m IV or equivalent Index No.	Date	Certified by Reg. Officer
	Subject	Grade	IIIdex No.	Date	Certified by Reg. Officer
				1	1
Exa	amination Authority		Division		
Exa	amination Centre (School)		Country		

(b) Advanced Certificate of Secondary Education/Form VI or equivalent results:

Subject	Grade	Index No.	Date	Certified by Reg. Officer
Examination Authority —		Division		
Examination Centre (School)	Country		
15. Any other University/co				,
				qualification
		e		
graduation	Class	or final GPA	Index	(No
l6. (a) Were you a working	person prior to ac	lmission? Yes/No		
(b) If yes, indicate your				
17. (a) What are your extra	curricula activities	· f		
(b) Indicate organization	on(s) of which you	u are a member citi	ng your me	mbership Number as well as
Name of Organization	on	Membership Card	# Posts	Held in the Organization
Traine or organization	···	Trembersing cure	1	neia in the organization
18. What is your occupation	al goal?			
•	_	hoice	3 rd Ch	noice
19. (a) Name of father/gu	arqıan		Relation	nship
(b) Postal Address				
Telephone No.		E-mail Ac	ldress:	
(c) Occupation of this p				
(c) Occupation of this p				

20.	(a) Name of next of kin	Relationship
	(b) Postal Address	
	Telephone No.	E-mail Address:
	(c) Occupation of this person	
21.	Name and Address of your spons	SOF
	Telephone No	E-mail Address:
22.	`	to serious consequences as stated in the Admission Letter, i.e. cases of orgery whenever discovered, either at registration or afterwards, will lead
	(b) (i) I DO HEREBY UNDERTA	AKE to study diligently and to seek the truth of knowledge. AKE to obey all lawful authorities in the college to observe the regulations BE DISCIPLINE and also to promote the good name of the College.
	Signature of Student	Date:
23.	Confirmation of Fee Payment	t .
	Receipt No	Amount Paid
	I confirm that the due amount whichever is applicable)	
	Bursar	Date:
	Signature ar	nd stamp
I de		rumentary evidence available in respect of statements made in paragraphs ther aspects, the candidate is hereby registered for One Semester is applicable).
Ful	I name and signature	
	Name	Signature
Dat	te:	Official Stamp:

requirements for the issuance of a......(Insert whether 'Semester' or 'Whole year') identity card. Full name and signature Name Signature For: Director of Undergraduate Studies Date:

Official Stamp:

Authorization to Issue Identify Card