



UNIVERSITY OF IRINGA

CONTINUING STUDENT REGISTRATION FORM

(To be filled in duplicate and attach COPIES of Form IV(s), VI(s), AVN, birth Certificates and medical examination)



Academic Year Year of study Level of study Semester

Student's Academic Details

Registration Number		Programme Registered		Faculty		
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		
First Name <small>(As in your O-Level Certificate)</small>		Middle Name <small>(As in your O-Level Certificate)</small>		Last Name <small>(As in your O-Level Certificate)</small>		Gender <small>(F/M)</small>
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
'O' Level School		F4 Index Number		Year		
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		
'A' Level School		F6 Index Number		Year		
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		
University/College		Diploma Name		Diploma AVN		Year
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>
University/College		Degree Name		Registration number		Year
<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>		<input style="width: 100%;" type="text"/>

Other Details

Nationality	Region	P.O.Box	Date of Birth (DD/MM/YY)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Contact Details

Mobile Number (Active)	Other Mobile Number (Next of Kin)	E-mai (Active)
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Parents/Guardian& Sponsorship

Names	Relationship	Mobile Number	Sponsorship
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	PRIVATE / HESLB / OTHERS

Accommodation Details

Nature of Accomodation	Hostel Name	Room No / Street
ON / OFF CAMPUS	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

Certification: *I certify that the above information is true to the best of my knowledge Date.....*

Official Use Only

Admissions Office: <input style="width: 100%;" type="text"/>	UISo: <input style="width: 100%;" type="text"/>	Account office: <input style="width: 100%;" type="text"/>	NHIF <input style="width: 100%;" type="text"/>
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