



## CHUO CHA SANAA DAR ES SALAAM

"Kipaji ni Ajira. Sanaa ni Biashara"

REG/NACTVET/1125

### APPLICATION FOR ADMISSION FORM – SWAHILI LANGUAGE FOR FOREIGNERS 2025/2026

**Note:** Read the **Joining Instructions** before filling out this form. Please complete this form in **BLOCK LETTERS**.

#### 1. PERSONAL INFORMATION

Full Name (First, Middle, Last):		Attach your recent passport size photo here
Date of Birth (DD/MM/YYYY):	Nationality:	
Current Address (in home country):		
Temporary Address in Tanzania (if known):		
Phone number:	E-mail:	

#### 2. EDUCATIONAL BACKGROUND

Please indicate your highest level of education (e.g., Secondary, Diploma, Bachelor's Degree, Master's Degree, PhD).

Qualification:	Year of Completion:
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#### 3. EMPLOYMENT DETAILS

Occupation / Profession:
Current Employer / Organization: Country:

#### 4. COURSE DETAILS

Course Applied: **Swahili Language for Foreigners**

Preferred Level ( <i>tick one</i> ):	<input type="checkbox"/> Beginners	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced	
Level of Swahili Proficiency:	<input type="checkbox"/> Beginner	<input type="checkbox"/> Elementary	<input type="checkbox"/> Intermediate	<input type="checkbox"/> Advanced
Preferred Start Date – Month:	Year:	Number of hours:	Number of Days:	
Preferred Study Option ( <i>tick one</i> ):	<input type="checkbox"/> Morning	<input type="checkbox"/> Evening	<input type="checkbox"/> Intensive	<input type="checkbox"/> Part-time
Preferred Study Schedule – Number of hours per day:	Number of days you plan to attend:			
Preferred Learning Mode:	<input type="checkbox"/> Individual / One-on-One <input type="checkbox"/> Group / With Others			

#### 5. DECLARATION

I hereby declare that the information provided in this application is true and correct to the best of my knowledge. I understand that any false information may lead to rejection of my application.

Applicant's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### 6. SUBMISSION

- Please submit this completed form together with the required attachments to the College by e-mail at [admission@dararts.ac.tz](mailto:admission@dararts.ac.tz) or via WhatsApp at +255 715 910 010.
- A non-refundable Application Fee of TZS 25,000 (approx. USD 10) is payable upon submission of this form.

#### 7. RECORD OF SUBMISSION (*for official use only*)

Received by	<input type="text"/>	Title	<input type="text"/>	Signature	<input type="text"/>
Comments (if any)	<input type="text"/>			Date	<input type="text"/>