



CHUO CHA SANAA DAR ES SALAAM

"Kipaji ni Ajira. Sanaa ni Biashara"

APPLICATION FOR ADMISSION FORM FOR THE ACADEMIC YEAR 2025/2026

Note: Read the **Joining Instructions** before filling out this form. Fill in all information in **BLOCK LETTERS**.

1. APPLICANT'S PERSONAL DETAILS

Full Name (<i>three names</i>):			Attach your recent passport size photo here
Date of birth:	Sex:	Citizenship:	
Place of Residence	House No.:	Mtaa/Village:	
	Ward:	District:	
	Region:	Country:	
Phone numbers:		E-mail:	

2. APPLICANT'S EDUCATIONAL BACKGROUND

Fill in the details of the last School/College attended. If it's a Secondary School, specify the form. If still studying, fill in and tick in the Still Studying column. If it's a College, state the level (e.g., Certificate, Diploma, Bachelor's Degree, Master's Degree, Doctorate)

Education	Name of School/College	Location			Year of Completion	Still Studying
		District	Region	Country		
Primary						
Secondary	Name:					
	Form:					
College	Name:					
	Level:					

3. APPLICANT'S EMPLOYMENT DETAILS

This section should be filled out if the applicant is an employee or a businessperson. Where applicable, check the relevant box.

Self-employed <input type="checkbox"/> / Employed <input type="checkbox"/>	Title/Position:
Name of Institution/Business:	
Location: District:	Region: Country:

4. COURSE SELECTION

Select the Course from the **Joining Instructions**. Where applicable, check the relevant box.

Course:		
Month and Year of Intended Intake	Month:	Year:
Study Shift (<i>tick the selected shift</i>)	Morning <input type="checkbox"/>	Evening <input type="checkbox"/>
	Part-Time <input type="checkbox"/>	Home Classes <input type="checkbox"/>

5. PARENT/GUARANTOR'S DETAILS (if any)

Fill a person responsible for the applicant's studies or the closest person to the applicant.

Full Name:	
Relationship to Applicant:	
Place of Residence:	
Phone numbers:	E-mail:

6. YOUR DREAMS

If you have dreams of becoming an Artist, briefly and clearly state your personal dreams to study the Art field you are applying for here below.

7. APPLICANT'S PLACE OF RESIDENCE DURING STUDIES

If the applicant will reside in the College hostel, check the box. If staying outside the hostel, specify the place.

In the College hostels	<input type="checkbox"/>		
Off-Campus Housing: Mtaa:	Ward:	District:	Region:

8. CONSIDERATIONS

- You are required to fill out this form after first carefully reading the **Joining Instructions**, which is attached to this form.
- Once this form is filled out, it should be accompanied by copies of your testimonials (*e.g. birth certificate, Primary, Secondary and College education certificates*) that the **Applicant has**, and submit to the College either by hand or through email to chuchosanaa@gmail.com or through WhatsApp to **0715 910 010**.
- When submitting this form, you should pay a non-refundable Application fee of **TZS 15,000**. The Application Fee payment should be made through the PAY BY PHONE system to MERCHANT NUMBER of YAS **16348015**, under the name **CHUO CHA SANAA DAR ES SALAAM**.
- The College Administration holds the exclusive right to admit students.
- If you have any questions, contact the College at **0715 910 010**.

9. DECLARATION

I/We declare that the information provided in this form and its attachments is true and accurate to the best of my/our knowledge and belief.

Applicant's Name: _____ Signature: _____ Date: _____

Parent's/Guarantor's Name: _____ Signature: _____ Date: _____

10. 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"/>