

TANZANIA COMMISSION FOR UNIVERSITIES



RE-APPLICATION REQUEST FORM 2018/2019

(The applicant must attach with this a confirmation/clearance letter from the institution he/she was previously selected)

A. PERSONAL RECORDS:

1. Full Name:
2. Form Four (IV) Index Number:
3. Form Six (VI) Index Number:
4. Name of Programme Selected:
5. Name of Institution Selected:
6. Academic Year:
7. Email address:
8. Telephone/Mobile Number:
9. Reason for Re-application:
Discontinuation Health Problems Financial Problems
Other (please specify)
.....

Name **Signature** **Date**.....

B. APPROVAL DECISION (To be completed by the authorizing officer)

- a) I approve / deny the above request
- b) If denied give reasons

Name **Signature**

Designation **Date**20.....