

How to apply for Postgraduate Studies at Water Institute, Tanzania

Mode of Application for Master's Degree Programs

Applicants are required to fill out their application form along with two reference forms/letters. Referees should be a person who is academically familiar with the applicant, either as a teacher, research supervisor, or professional associate.

Reference forms filled by non-academic staff on the academic suitability of the candidate will not be accepted. The application forms can be collected from any of the two Water Institute campuses or downloaded from our Website: www.waterinstitute.ac.tz.

Application to all the above postgraduate programs must be accompanied by a non-refundable application fee of **TShs. 50,000/=** (for local applications) or **USD 50** (for international applicants). The application fee should be payable to Water Institute, NMB Account No. 22501000005, Mlimani City Branch. All applications must be accompanied by certified copies of relevant academic certificates.

If in doubt regarding your suitability for admission into a particular program, inquiries should be addressed to the Deputy Rector-Academic, Research and Consultancy through dr.arc@waterinstitute.ac.tz.

One filled master's degree application forms should be sent to the following address:

**RECTOR,
Water Institute,
P. O. Box 35059,
Off-Sam Nujoma Road,
University Road,
Ubungo, Dar es Salaam,
TANZANIA.**



UNITED REPUBLIC OF TANZANIA
MINISTRY OF WATER
WATER INSTITUTE



**APPLICATION FORM FOR ADMISSION INTO MASTER
PROGRAMMES**

1. Applicants are required to submit **ONE COPY** of this application form.
2. **Certified copies of certificates and their associated transcripts** must be attached and submitted with the completed form. **Any application not accompanied by these documents will neither be processed nor acknowledged.**
3. The copy of the filled-in application form and the indicated attachments should be returned directly to Water Institute. Alternatively, **by email as ONE PDF FILE to rector@waterinstitute.ac.tz or via the Postal address of Water Institute, P. O. Box 35059, Dar es Salaam, TANZANIA.**

SECTION A: TO BE COMPLETED BY THE APPLICANT

Fill in the spaces provided and tick the appropriate box

1. Surname (Block Letters) _____
2. Other Names _____
3. Present Address _____
4. Date of Birth _____
5. Country of Birth _____
6. Nationality _____
7. Citizenship _____
8. Telephone No _____ E-mail _____

9. Sex: Male Female

10. Marital Status: Single Married

11. Present Employer: _____

12. Employed as: _____

13. Financial Sponsor: _____

14. Programs offered under different departments are as indicated below, please tick the appropriate box

S/no	Program	Tick (√)
1	Master Degree in Water Resources and Utility Management	
2	Master Degree in Water Supply and Sanitation Engineering	

15. Indicate the preferred mode of study:

Hybrid (at the Institute and online)

Normal (only at the Institute)

Note: These programs include both Coursework and Dissertation

16. Educational background and other professional qualifications(Start with the most recent award)

Title of Award	Specialization	Name of Institution	Date Obtained	GPA	Duration (Years)

17. Form four index number (if applicable) _____
18. Form six index number (if applicable) _____
19. Professional and/or Employment Experience _____

Name of Organization	Duration of Employment	Title or Position held	Job Description

20. Give details below of two people who are willing to act as your referees for consideration in the selected program of study.

- (i) **Name:** _____
- Address:** _____
- Telephone(s) no.(s):** _____
- Email address(s)** _____

(ii) **Name:** _____
Address: _____
Telephone(s) no.(s): _____
Email address(s) _____

Signature of applicant: _____ **Date:** _____

SECTION B: TO BE COMPLETED BY THE EMPLOYER AND/OR SPONSOR

(To be filled even if the employer is not sponsoring the applicant)

21. Has the applicant been confirmed in his/her employment? YES/NO _____

22. How long has the applicant been in service? _____

23. If the applicant gains admission, will you release him/her for studies? YES/NO _____

24. If the applicant gains admission, will you support him/her financially? YES/NO _____

25. Any other remarks: _____

26. Signature of employer/sponsor: _____ **Date:** _____

Checklist (to be checked against by each applicant before submitting the form)

1. All personal data are filled in (postal address, email, phone number) ()
2. Names are written as they appear in secondary education certificate ()
3. All copies of **certified** academic **certificates and their associated transcripts** are attached (i.e., form 4, form 6/equivalent, BA/Adv. Dip, etc.) ()
4. Transcripts are placed next to their respective certificates ()
5. Attachments to the form are arranged in ascending order ()
6. The sought Program is ticked against ()
7. The mode of study is indicated ()
9. The form is signed ()

Sign here to prove that you have fulfilled all the requirements as listed in the checklist.

Date: _____

SECTION D: FOR OFFICIAL USE ONLY

(To be filled by an Admission Officer)

1. The form is dully filled in: YES/NO _____

2. The checklist is adhered by YES/NO _____

3. Name of a receiving officer: _____

4. Signature of a receiving officer: _____ Date _____

5. Comments _____