



COLLEGE OF AFRICAN WILDLIFE MANAGEMENT, MWEKA



APPLICATION FORM 2018/2019

INSTRUCTIONS

1. Application for foreigners must be accompanied by certified photocopies of certificates and academic transcripts written in English.
2. Tanzania applicants must attach photocopies of Academic Transcripts and Certificates (Note: Softy copy of original certificate must be scanned and saved in PDF format)
3. Applicants should be proficient in written and spoken English.
4. This form should be complete using **BLOCK CAPITALS**.
5. All enquires and completed application forms should be sent to:

The Rector,
College of African Wildlife Management, Mweka,
P.O. Box 3031, Moshi, Tanzania

Attn: Chief Admissions Officer, or Email: admission@mwekawildlife.ac.tz

Tell: +255 27- 2974129, Fax: +255 27 2974133; Cell: +255 767 977 523 (Chief Admission Officer);
+255 767 995 793 (Admission Secretary) +255 767 400 272 (Public Relations Officer)

Facebook: College of African Wildlife Management – CAWM

Twitter: @ Mweka Wildlife Cg

Instagram: Mweka _wildlife College

Website: www.mwekawildlife.ac.tz

An application fee for all courses is Tshs. 10,000 for Tanzanian and USD 15 for non-Tanzanian. Fees should be paid through College bank Account No. 017105002480 at NBC, Swift Code NLCBTZTX for foreign currency payments and Account No. 01J1039905500 at CRDB Bank Ltd Moshi Branch or Account No. 4226600034 at NMB Ltd Mawenzi Branch Moshi, for payments made in equivalent Tanzania Shillings at the time the application forms are collected. Application forms shall not be processed until such fees are paid.

PART A: PERSONAL DETAILS

(Part A to D to be filled in by the applicant)

1. SURNAME (OR FAMILY NAME)
2. OTHER NAME.....3.DATE OF BIRTH.....
4. SEX4.NATIONALITY.....
6. POSTAL MAILING ADDRESS
- DISTRICT:REGION.....
7. TEL NO 8. FAX NO.....
- EMAIL ADDRESS.....

PART B: NEXT OF KIN CONTACTS

NAME.....

RELATIONSHIP (Eg. Mother, Father, Sister, Brother etc).....

ADDRESS

REGION.....DISTRICT.....

TEL/MOB.....

EMAIL.....

PART C: COURSE SELECTION

Please choose your course of choice by putting a tick (✓) in the table below. You may choose Diploma or Technician Certificate if you intend to continue after finishing Basic Technician Certificate or Technician Certificate

Name of the course	Duration	Entry requirement	Choice
Basic Technician Certificate in Wildlife Management	1 Years	Form four	<input type="checkbox"/>
Basic Technician Certificate in Wildlife Tourism	1	Form four	<input type="checkbox"/>
Technician Certificate in Wildlife Management	1	Form six/Basic Certificate	<input type="checkbox"/>
Technician Certificate in Wildlife Tourism	1	Form six/Basic Certificate	<input type="checkbox"/>
Diploma in Wildlife Management	1	Both Basic and Technician Certificate	<input type="checkbox"/>
Ordinary Diploma in Wildlife Tourism	1	Both Basic and Technician Certificate	<input type="checkbox"/>
Bachelor Degree in Wildlife ,Management	3	Form six/Diploma	<input type="checkbox"/>
Bachelor Degree in Wildlife Tourism	3	Form six/Diploma	<input type="checkbox"/>
Postgraduate Degree in Wildlife Management	1	First Degree	<input type="checkbox"/>
Postgraduate Diploma in Wildlife Tourism Planning and Management	1	First Degree	<input type="checkbox"/>

PART B: ACADEMIC QUALIFICATIONS

Provide/attach details of schools and colleges attended, year and qualifications received starting from primary to College.

YEAR Completed	Index/Reg/AVNNo(Form iv/vi/Certificate/Diploma)	INSTITUTIONS NAME Primary /Secondary/College	QUALIFICATIONS AND GRADE e.g CSEE DIV II

PART C: PROFESSIONAL EXPERIENCE

(Provide details of your employment and professional experience giving dates, organisations and positions undertaken starting with the most recent)

YEAR	ORGANISATION/EMPLOYER	POSITION

PART D: DECLARATION

I (Name) certify that the above information given by me is correct and

I wish to apply for admission as a student at the College Of African Wildlife Management, Mweka.

(Signature) (Date)