



UNIVERSITY OF IRINGA CONTINUING STUDENT REGISTRATION FORM

(To be filled in duplicate and attach COPIES of Form IV(s), VI(s), AVN, Birth certificates and medical examination)

Academic Year Year of study Level of study

Student's Academic Details

Token Number Programme Selected Faculty

First Name (As your O-level certificate)	Middle Name (As in your O-level certificate)	Last Name (As in your O-level certificate)	Gender (F/M)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
'O' Level School	F4 Index Number		Year
<input type="text"/>	<input type="text"/>		<input type="text"/>
'A' Level School	F6 Index Number		Year
<input type="text"/>	<input type="text"/>		<input type="text"/>
University/College	Diploma Name	Diploma AVN	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
University/College	Degree Name	Registration number	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Other Details

Nationality Region P.O.Box Date of Birth (DD/MM/YY)

Contact Details

Mobile Number Other Mobile Number E-mail

Parents/Guardian & Sponsorship

Names	Relationship	Mobile Number	Sponsorship
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="PRIVATE / HESLB / OTHERS"/>

Accommodation Details

Nature of Accommodation Hostel Name Room No / Street

Certification: I certify that the above information is true to the best of my knowledge Date.....

Official Use Only

Admissions office: UIISO: Account office: NHIF:

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