

ARCHBISHOP MIHAYO UNIVERSITY COLLEGE OF TABORA
(A Constituent College of St Augustine University of Tanzania)



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APPLICATION FOR ISSUANCE OF CERTIFICATES

PART A

(To be filled by the Applicant)

1. Names (First Name) _____ (Middle Name) _____ (Surname) _____
2. Registration Number: _____
3. Certificate to be issued (PhD/Master/Bachelor/Diploma/Certificate) _____
4. Particulars of Graduation: Day _____ Month _____ Year _____
5. Degree Conferred (E.g. BAEd) _____ Class (E.g. First Class) _____
6. Type and particulars of identification document (Tick where appropriate)
Employer ID, NIDA, Travelling passport, Driving license, Voter's ID, Student ID
ID Number _____ Issuing Authority _____
Date of Issue _____ Validity (Date of Expiry) _____
7. Student phone number: _____

PART B

(To be filled by the Applicant)

I _____ the applicant declare that I am solely responsible for the safe delivery of the certificate to be issued as here above applied for and shall not hold the Archbishop Mihayo University College responsible in a manner whatsoever in the case of its loss, damage or destruction, theft or otherwise in the course of its delivery. I further declare that the University College shall not stand obliged to re-issue any replacement certificate saves as permitted and in accordance with applicable university regulations.

Declared by me: _____

At _____

This _____ day of _____ year _____

Signature of the Applicant _____

PART C

(For Official use)

Certificate No _____ issued/ not issued to applicant on this day of ____ 20____

Issuing Officer's Name: _____ Signature _____

Issuing Officer's Position _____

Attachment (A candidate should ensure all attachments are made available)

Attachment	Tick if attached
Copy of transcript	
Copy of O-level certificate	
Copy of ID identified in item 6 above	