

# TANZANIA COMMISSION FOR UNIVERSITIES



## RE-APPLICATION REQUEST FORM

*(The applicant must attach with this a confirmation/clearance letter from the institution he/she was admitted before)*

### 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.....