



CATHOLIC UNIVERSITY OF HEALTH AND ALLIED SCIENCES

REGISTRATION FORM FOR MScPN 1st YEAR STUDENTS 2016/2017

1 GENERAL INSTRUCTIONS

- 1.1 On behalf of the Catholic University of Health and Allied Sciences-Bugando (CUHAS-Bugando) I would like to take this opportunity to welcome you to CUHAS-Bugando.
- 1.2 All students are required to pay to the University administrative fees of **405,000/=** payable in full at the beginning of the academic year; as detailed in the joining instructions.
- 1.3 All students self sponsored of sponsorship are required to pay in addition an academic fee of **5,200,000/=**; payable in full at the beginning of the academic year or in two equal instalments; at the beginning of each semester.
- 1.4 All moneys payable to the University should be paid directly into the University account presently with CRDB ([See Joining Instructions](#)).

2 PAYMENTS

Administrative Fee: _____/= Receipt Number: _____
Academic Fees: _____/= Receipt Number: _____

Bursar's Signature: _____ **Date** _____

3 REGISTRATION

Name of Student: _____ School of Graduate Studies
Programme: _____ Academic Year: **2016/2017**
Sponsor: **MoHSW/SELF/IF OTHER** (State) _____

REGISTRATION NUMBER _____ (**DGS to complete**)

Director's Signature: _____ **Date** _____