



CATHOLIC UNIVERSITY OF HEALTH AND ALLIED SCIENCES

REGISTRATION FORM FOR FIRST YEAR UNDERGRADUATE STUDENTS

1 GENERAL INSTRUCTIONS

- 1.1 On behalf of the Catholic University of Health and Allied Sciences (CUHAS) I would like to take this opportunity again to welcome you to CUHAS Bugando.
- 1.2 For the academic year 2016/2017 all 1st Year **Private/Self sponsored** students are required to pay in full **505,000/=** administrative fee; and **4,450,000/=**, your academic fee, in full at the beginning of the academic year or in two equal instalments at the beginning of each semester.
- 1.3 For the academic year 2016/2017 all 1st year students, with HESLB/MoEVT sponsorship, are required to pay in FULL the administrative fee of **505,000/=**, and **1,200,000/=**, your self-contribution, 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: _____ Receipt Number: _____

Academic Fees _____ Receipt Number: _____

Bursar's Signature: _____ Date _____

3 REGISTRATION

Name of Student: _____ School: _____

Programme: _____ Academic Year: **2016/2017**

Sponsor: **GRANT/HESLB/SELF/IF OTHER** (State) _____

REGISTRATION NUMBER _____ (**School Dean to complete**)

Dean's Signature: _____ Date _____