

# DAR ES SALAAM SCHOOL OF JOURNALISM

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P.O. Box 25444,  
Shariff Shamba, Ilala,  
Dar es Salaam,  
TANZANIA.

## APPLICATION FOR LONG PROGRAMMES

The applicant has to pay **Tshs 20,000/=** for the application to be processed. The money is **not refundable** and should be made through **CRDB Bank, Account No: 01J1026900600 (DAR ES SALAAM SCHOOL OF JOURNALISM)**

### (A) Personal details (IN BLOCK LETTERS)

First Name		P.O. Box	
Middle Name(IF ANY)		City	
Surname		Region	
Sex (tick <input checked="" type="checkbox"/> where appropriate)	<b>Male</b> <input type="checkbox"/>	<b>Female</b> <input type="checkbox"/>	Country
Marital Status		Phone Number	
Date of Birth		Mobile Number	
Place of Birth		Email Address	

### (B) Sponsorship details (IN BLOCK LETTERS)

Sponsor's Name	
P.O. Box	
City, Region, Country	
Phone Number	
Mobile Phone Number	
Email Address	
Fax Number	

### (C) Qualifications (please enclose transcripts of your results)

SCHOOLS ATTENDED	LOCATION	DURATION (FROM –TO)	CERT.INDEX NUMBER

### (D) Results (Ordinary Certificate of Secondary Education)

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**Instagram:** Official\_dsj

**YouTube:** Dsj Online TV

**Facebook:** dsjcollege

**LinkedIn:** Official Dsj

**Twitter:** Official Dsj

S/N	SUBJECT	GRADE	REMARK
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			

**(E) Results (Advance Certificate of Secondary Education)**

S/N	SUBJECT	GRADE	REMARK
1.			
2.			
3.			
4.			
5.			

**(F) Other courses attended**

Course	Institution	Date of study	Award	Division/ Grading

**(G) Please indicate your preference programme (tick (√) where appropriate)**

**TWO YEARS PROGRAMMES**

1. Ordinary Diploma in Journalism (General) \_\_\_\_\_
2. Ordinary Diploma in Marketing and Public Relations (General) \_\_\_\_\_

**ONE YEAR PROGRAMMES**

1. Basic Technician Certificate in Journalism (General) \_\_\_\_\_
2. Basic Technician Certificate in Marketing and Public Relations (General) \_\_\_\_\_

Indicate the **modality** you would like to be enrolled in:

Full time Classes  Online Classes

**(H) Intake applied for**

Please indicate the intake you are applying for **(tick (√) where appropriate)**

March intake \_\_\_\_\_

September intake \_\_\_\_\_

**(I) Please submit the following credentials as requirements for this application**

- i. Four (4) passport size photographs not older than one month from the date they were taken;
- ii. Copies of all educational certificates academic transcript, birth certificate, curriculum vitae, (CV) and relevant testimonials
- iii. A Medical certificate from government hospital;
- iv. Letter from the sponsor/ employer or guardian confirming his/her readiness to sponsor the applicant;
- v. Employed candidate must have a release letter from their employer; and
- vi. Letter from the referee who knows you well and may comment something on your selection of the course.

**(J) Additional information**

Do you have any disability? (E.g. arms, legs, eyes, ears etc.)

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**(K) Questionnaire**

How did you get to know about this programme? **(Tick (√) where appropriate)**

Television Adverts	<input type="checkbox"/>	Radio Adverts	<input type="checkbox"/>	Newspapers	<input type="checkbox"/>
Fliers / brochures	<input type="checkbox"/>	Relative(s)/Friend(s)	<input type="checkbox"/>	DSJ student(s)	<input type="checkbox"/>
Graduates from DSJ	<input type="checkbox"/>	Social Media	<input type="checkbox"/>	Exhibition	<input type="checkbox"/>

Others (explain briefly)

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**(L) Verification**

I hereby declare that all the information provided herein is true to the best of my knowledge and belief. Should any cheating discovered after admission, the school reserve the right to nullify the admission.

Signature of Applicant..... Date ...../...../20.....

**FOR OFFICE USE ONLY**

Application fee recorded ..... / date.....	Application Accepted .....Denied.....
<b>Verified by</b> (Coordinator of Studies' Office)	
Name: .....	
Signature: ..... Date...../...../20.....	
<b>COMMENTS:</b>	