



## KING'ORI TEACHERS COLLEGE

PHYSICAL ADDRESS: 1 ARUSHA DC, SEKEI

+255754255888/ +255786263831, P.O.BOX 708, Arusha, TZ. info@kingoriteachers.com, www.kingoriteachers.com

### **ORDINARY DIPLOMA IN PRE AND PRIMARY EDUCATION** **APPLICATION FORM FOR THE ACADEMIC YEAR 2020/2021**

The college management has the pleasure to inform you that the college has started to enroll students for the new intake for *Ordinary Diploma in Pre & Primary Education*. This course will take 2 years, and applicants are warmly invited to apply.

*Read Carefully and understand the following information before you proceed with completing and submitting the application form.*

- This form is to be used only by applicants seeking admission into: **Ordinary Diploma in Pre & Primary Education**.
- To be considered for the October intake, applicants must lodge their applications to the Office of the Registrar of King'ori Teachers College not later than 20<sup>th</sup> September 2020.
- Applications must include Certified copies of Certificate of Secondary Examination Education (CSEE) Or Result Slip. Please note that uncertified copies of academic documents will not be accepted. During registration, original certificates shall be required
- Each application must be accompanied by Tshs 10,000/= for Registration/ application fee. Please pay this fee at the Office of Academic Registrar when you come to submit this application form.
- Incomplete applications will not be processed.

The College is expected to be opened on the 01<sup>st</sup> October 2020.

#### **ADMISSION REQUIREMENTS**

Applicants in this category must meet at least a Division three in “O” level Secondary School Education Examination or its equivalent.



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**KING`ORI TEACHERS COLLEGE ADMISSION FORM**

**1. Student Personal Information**

Full name .....

Address .....

District .....

Region .....

Telephone Number.....

Full Name of Parent/ Guardian: .....

Telephone Number .....

**2. Education Background**

Name of Primary school: ..... From ..... To .....

Name of Secondary school: ..... From ..... To .....

College education (if any) .....

**Declaration**

I ( Full name) ..... declare that all the information that I have given above is correct and true.

Name ..... Signature ..... Date .....

**IMPORTANT:** Ensure to include certified copies of academic certificates when submitting this form.  
Original copies of certificates will be required during registration for verification purposes.

**For office use only:**

The Principal's opinions and decision

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Signature ..... Date: ..... Stamp: .....