APPLICATION FOR PROVISIONAL LICENSE

Notice to the applicant:-

a) This form shall be completed by the applicant in English; and

b) In the course of completing this form, the applicant is required to make reference to various guidelines and check-lists as may be issued from time to time by the Commission, including the minimum guidelines and norms for governance units and harmonization of awards issued by the Commission.

PART I

1. Name of applying organization/person.…………………………………………………...

2. Particulars of the applying organization/ person:………………………………………………………………
    …………..….……………………………………………………………………………..

2.1   If the applicant is an organization:-

      (a)   Type of the organization (Government/Public/Private/Partnership/Trust/ Society/etc): ……………………………………………………...

      (b)   Origin of the Organisation (Local/Foreign):………………………………….....……………

      (c)   Nature of business of the organization…………………………………………………….....

      (d)   Place of business of the organisation: ………………………………………………………

      (e)   Date of incorporation/registration: ………………………………………………………….

      (f)   Incorporation/registration certificate number:…………………………………………

      (g)   Date of expiry of the incorporation/registration certificate:……/…..……./20……

      (h)   Tax Identification Number (TIN):……………………………………………………………

      (i)   VAT Registration Number:……………………………………………………………….....

      (j)   Name and title of the Chief Executive Officer of the organisation:
    ……………………………………………………….....……………………………………………

(k)   Physical address of the organization: ……………………………………………………..…

(l)   Postal address of the organization:……………………………………………………………

(m)   Postal Code:……………………………………………………...………………………

(n)   Telephone Numbers:………………………………………………………………………

(o)   Mobile Number:………………………………………………………………………

(p)   Fax Number:………………………………………………………………………………

(q)   Email Address:………………………………………………………………………

(r)   Website:……………………………………………….…………………………………

2.2   If the applicant is an individual

(a)   Name and title of the applicant: ………………………………………………...……………

(b)   Nationality: ……………………………………………...…………………………………

(c)   Date and place of Birth: …………………………………………...…………………...………

(d)   Nature of business of the applicant: ……………………………………………………………

(e)   Place of business of the applicant: ………………………………………………………………

(f)   National Identification Number (NIN): ………………………………………………...………

(g)   Tax Identification Number (TIN): ………………………………………………………………

(h)   VAT Registration Number: ………………………………………………………………………

(i)   Physical address of the applicant: …………………………………………………...…………

(j)   Postal address of the applicant: …………………………………………………………………

(k)   Postal Code: ……………………………………………………………………...……………

(l)   Telephone Numbers: ……………………………………………………………………………

(m)   Mobile Number: …………………………………………………………………………………

(n)   Fax Number: …………………………………………………………………………...…………

(o)   Email Address: ……………………………………………………………………...…………

(p)   Website: ……………………………………………………………………………..…………

PART II

DETAILS OF THE PROPOSED INSTITUTION

3. Name of the proposed institution: …………………………………..…………………………..…………….....

4. Category of the proposed institution (university/college/institute/centre /directorate/school/ faculty/department/ unit)

   ………....

5. Type of the proposed institution (public/private/Public Private Partnership (PPP))

   ……………………………..…………………………………………………………………………………………

6. Cluster of the institution

Cluster	Governance unit	Status	(tick as appropriate)
1	University, institute, centre, school	Autonomous	
2	Affiliated college, connected college and associate college, institute, centre, school	Autonomous	
	Constituent college, and adopted college	Semi autonomous	
	Campus college	Non autonomous	
3	Campus School, faculty, directorate, campus institute, centre	Non autonomous	
4	Department and centre	Non autonomous	
5	Unit	Non autonomous	

7. Particulars of the proposed institution:-

   (a)   Physical address of the institution: ………………………………………….....

   (b)   Postal address of the institution: ……………………………………………....

   (c)   Postal Code: ……………………………………………………………………....

   (d)   Telephone Numbers: …………………………………………………………....

(e)   Mobile Number: ……………………………………………………………………………

(f)   Fax Number: ………………………………………………………………………………

(g)   Email Address: ……………………………………………………………………………

(h)   Website: ……………………………………………………………………………………

8. Date the proposed institution was cleared for investment in Tanzania (attach copy of Financial Intelligence Unit (FIU) Clearance Certificate): ………/………………/20…

9. Date the proposed institution was cleared for investment by Tanzania Investment Centre (TIC): ……/………………………20….

10. Particulars of land available for the proposed institution

(a) The amount of land owned by the institution (Hectares) ………………...*(attach evidence of land ownership).*

(b) If the land on which the proposed institution is leased or rented, provide a copy of the agreement;

(c) Land for future expansion for the institution (*attach evidence*)

PART III

PROPOSED FACILITIES AS PER MINIMUM GUIDELINES AND NORMS FOR GOVERNANCE UNITS

11. Physical Facilities as per approved check list (*attach the relevant check-list*)

12. Laboratory facilities, if applicable, as per approved check list *(attach the relevant check-list)*

13. Workshops, if applicable, as per approved check list *(attach the relevant check-list)*

14. Teaching Clinics (veterinary and/or medical), if applicable, as per approved check list *(attach the relevant check-list)*

15. Staff offices as per approved check list *(attach the relevant check-list)*

16. Functional facilities (i.e. conference hall, common rooms etc), where applicable, as per approved check list (attach the relevant check-list)

17. Students' accommodation and related facilities as per approved check list *(attach the relevant check-list)*

18. Health and sanitation facilities as per approved check list *(attach the relevant check-list)*

19. ICT infrastructure as per approved check list *(attach the relevant check-list)*

20. Library resources as per approved check list *(attach the relevant check-list)*

21. Facilities for persons with special needs as per approved check list *(attach the relevant check-list)*

22. Facilities for public safety and security as per approved check list (*attach the relevant check-list)*

PART IV

ADMINISTRATIVE TOOLS

23. Date the master plan was developed and approved ……/………………/20…. (*attach copy)*

    (a)   Approving authority: ……………………………………………………………………

    (b)   Nature of the approving authority: ………………………………………………

24. Date the strategic plan was developed and approved ……/……………/20…. (*attach copy*)

    (a)   Approving authority: ……………………………………………………………………

    (b)   Nature of the approving authority: ………………………………………………

25. Date of approval of the implementation plan: ……/………………/20….

   (a) Approving authority: ………………………………………………………..………

   (b) Nature of the approving authority: ………………………………………………..

26. Date the project write-up was developed and approved: ……/………………/20…. (*attach copy*)

   (a) Approving authority: ………………………………………………………………...

   (b) Nature of the approving authority: ………………………………………………

27. In case of a local institution, date the draft charter, if any was developed and approved

   ……/………………/20…. (*attach copy*)

   (a) Approving authority: ………………………………………………………………..

   (b) Nature of the approving authority: ………………………………………………

28. In case of a foreign institution, date the institution charter was developed and approved

   ……/………………/20…. (*attach copy*)

   (a) Approving authority: …………………………………………………………………

   (b) Nature of the approving authority: ………………………………………………...

   (c) Letter from the foreign body that accredited the university

PART V

PROPOSED MAJOR PROGRAMMES CLUSTERS

29. Cluster(s) of the proposed programmes:-

Programme Cluster	(Tick as appropriate)
1. Agriculture	
2. Architecture and Planning	
3. Business	
4. Faith Based Studies	
5. Education	
6. Engineering and Technology	
7. Environmental Studies and Forestry	
8. Humanities and Arts	
9. Information and Communication Technology	
10. Journalism, Media Studies and Communication	
11. Language Studies	
12. Law	
13. Library, Archives and Museum Studies	
14. Life Sciences	
15. Medicine, Veterinary and Allied Health Sciences	
16. Military Sciences	
17. Mining and Earth Sciences	

18. Physical Sciences and Mathematics	
19. Social Sciences	
20. Tourism, Hospitality and Home Economics	
21. Others *(please specify)*	

30. List the initial programmes to be offered by the institution, mode of delivery and number of students in each programme: ……………………………………………………………………………

31. State the proposed fee structure for each of the initial programme: ……………………

PART VI

THE PROPOSED STRENGTH OF THE INSTITUTION

32. **State the anticipated staff strength**

SN	Qualifications	Employment status	Academic Staff	Date to be attained	Administrative and Technical Staff	Date to be attained	Total Number
1	PhD	Full time					
		Part time					
2	Masters	Full time					
		Part time					
3	Bachelors	Full time					
		Part time					
4	Other	Full time					

(*Specify*)	Part time					
Total Number	Full time					
	Part time					

33. State the source of funds for the establishment and running of the university …………………… (*attach evidence*)

PART VI

REFERENCES AND DECLARATION

34. Provide reference of previous experience in establishing or running an education institution

35. Provide the names and addresses of at least three (3) referees who may be contacted in relation to this application

      (i)   1st Referee: ……………………………………………………………

      (ii)   2nd Referee: ……………………………………………………………

      (iii) 3rd Referee: ……………………………………………………………

36. Declaration:

I declare that the information provided above is true to the best of my own knowledge

Name:…………………………………………………………………………...

Title: …………………………………………………………...…………………...

Signature: …………………………………………

Date ……/………………………20……………

Official Stamp or Seal

FOR OFFICIAL USE ONLY

Fees paid

(i) Bank draft / Pay order No………………………… Dated………/………………/……

(ii) Cash Receipt No………………………………………… Dated……/…………………/……

> (*NB. All payments to be made to the Tanzania Commission for Universities)*

Attachments verified by:

Name: …………………………………………… Signature:…………………… Date: ……………………