



ARUSHA PUBLIC COLLEGE

P. O. BOX 1490, Arusha City, Mahakama Street
Phone +255 762 052 668 & +255 681 840 049

E-mail: arushapublic@gmail.com

Website: www.apc.ac.tz.

passport size

Hospitality:

Ap/form No. _____ 20 _____ (Office use only)

Admission No. _____ (Office use only)

APPLICATION FORM (SPECIAL PROGRAM) FORM "A".

Applicant should pay TZS. 20,000/= as non- refundable fee so that this form to be officially issued and processed.

A. APPLICANT INFORMATION *(Fill the blanks in capital letters only)*

Surname: _____ First name: _____

Middle name: _____ Applicant phone No. _____

How do you like to be called (write your full name) _____

Date of birth: _____ Index No: _____ Place of birth: _____

Applicant Email Address: _____

Nationality: _____ Religion: _____

Age: _____ Sex: _____ Marital Status: _____

Home address P.O. Box: _____ Region: _____

Home Telephone No: _____ / _____ / _____

Nest kin (name and address) to be notified in case of Emergency

Full name: _____ Address: _____

Phone: _____ / _____ your relationship to him/her: _____

B. PROFESSION AND EDUCATION BACKGROUND

Present high education _____ since _____ to _____

Title at present position _____ Since _____ to _____

Are you employed **Yes/No**, if yes give employer details and address

Name: _____ Address: _____

Describe your duties and responsibilities at this current position: _____

C. SPONSOR DECLARATION

Parents/Guardian/Organization; Full name: _____

Postal Address: _____ Town/City: _____ Region: _____

Phone No: _____ / _____

E-mail address: _____

Title/Place of work: _____

I recommend M/s: _____ (name of students to under take

1. _____

2. _____ Courses and accepted to pay **ALL/PART**,
of the fee and other related charges in order to pursue his/her **3 months/ 6months/ 9months/ 1year or 2**
years course programs at **ARUSHA PUBLIC COLLEGE**.

Sponsor Sign: _____ Date: _____

(Official rubber stamp in case of organization & detached letter)

D. PYHSICAL DISABILITY. (SHOULD BE STATED ON MEDICAL EXAMINATION FORM)

Applicant should declare his/her physical problem before enrolling; this will enable the ARUSHA PUBLIC COLLEGE management for in case of allocating student(s) for various fieldwork exercises and other routine. Thus.

I _____ have faced with the problem of _____
_____ Since _____

E. TERMS OF PAYMENT & CONDITIONS.

- i. ARUSHA PUBLIC COLLEGE, the fee can be paid in full amount or in installments.
- ii. AT ARUSHA PUBLIC COLLEGE the fee paid will never be refunded or transferred on bleaching the contract or termination of students from the college.
- iii. All payments should be made to the College Accounts which are:-
 - A) **NMB BANK, ACCOUNT NUMBER: 40810224305**
 - B) **NBC BANK, ACCOUNT NUMBER: 057174011480**

ACCOUNT NAME: ARUSHA PUBLIC COLLEGE.

F. APPLICANT DECLARATION

I _____ declared that, all the answers to this application are complete and accurate to the best of my knowledge including the information on my academic background. I have been informed on the regulations of admittance to the College and on the tuition fee. I am prepared to timely cover the expenses of studying. I am warned that failure to report all the complete and accurate information will invalidate my application and may result in invalidity of a certificate obtained if admitted.

Applicant Signature: _____ Date: _____

FEES STRUCTURE AND MODE OF PAYMENT				
COURSE	1 st Installment	2 nd Installment	3 rd Installment	TOTAL
Tour guide (2 years)	450,000/=	450,000/=	440,000/=	1,340,000 (Per year)
Tour Operation (2 years)	450,000/=	450,000/=	440,000/=	1,340,000 (Per year)
Hair dressing and decoration (6 month)	400,000/=	400,000/=		800,000 (6 Month)
Hotel management (2years)	450,000/=	450,000/=	440,000/=	1,340,000 (Per year)
Secretarial Studies (2 years)	450,000/=	450,000/=	440,000/=	1,340,000(Per year)
Early childhood education (2 years)	450,000/=	450,000/=	440,000/=	1,340,000 (Per year)
Electrical installation (2 years)	450,000/=	450,000/=	440,000/=	1,340,000 (Per year)
French Language (6 month)	300,000/=			300,000/= (6 Month)
Computer Programming (1 year)	450,000/=	450,000/=	440,000/=	1,340,000/= (Per year)

ACCOMODATION: For those who need accommodation on campus are available.

NB: These costs are direct to the student.

OTHER DIRECT COST PAYABLE TO THE COLLEGE

- Stationaries 20,000/=
- Identity card 10,000/=
- Uniform 40,000/=
- Student Union 10,000/=
- Make up for hair dressing and decoration 50,000/=

REGISTRATION REQUIREMENTS:

1. Original and Certified copies of O-Level and certificates and transcripts of college or A- level.
2. Certified copy of birth certificate.
3. Three recent passport size photographs.

Yours Sincerely
ARUSHA PUBLIC COLLEGE

.....
BARTAZAL M. MAXIMILIAN
REGISTRAR

COLLEGE OF ARUSHA PUBLIC

OFFICE OF PRINCIPAL AND ACADEMIC

DIRECTORATE OF CERTIFICATE STUDIES

P.O. BOX 1490 - ARUSHA - TANZANIA

Telephone: 255-762-052-668

255-681-840-049



E-Mail: arushapublic@gmail.com

Website Address: www.apc.ac.tz

MEDICAL EXAMINATION FORM (FORM "B")

2026-03-_____ - Mr./Ms. _____

Course: _____

This form should be filled out in duplicate. One copy must be retained by the Student Parents, Guardians or Organization, and the other copy is to be submitted for registration purposes.

Sex: _____. Age: _____

Marital Status: _____. Citizenship: _____

A: PERSONAL HISTORY *(To be completed by the applicant)*

1. Have you ever suffered from any serious diseases or disorders? **(YES / NO)**

If YES, please provide

details:.....

2. Do you currently have any conditions or disabilities that require special attention? **(YES / NO)**

If YES, please

explain.....

.....

3. I hereby declare that the information provided above is accurate to the best of my knowledge.

Date: _____ Signature: _____

B: PHYSICAL EXAMINATION *(To be completed by a registered medical practitioner)*

1) General Examination

2. Systemic Examination

i. Central Nervous System

ii. Respiratory System **(Please attach evidence of Tuberculosis screening, including a chest X-ray)**

iii. Cardiovascular System

iv. Gastrointestinal System

v. Genital Urinary System

vi. Musculoskeletal System

2) Investigations (if necessary, attach results):

3) Do you use any health monitoring devices e.g. hearing aid, blood pressure monitoring device etc. (Yes* / No*)

If YES, please specify

C: CONCLUSION

I have examined Mr.*./Ms.*./Mrs.* and, based on the examination, I find that he*/she* is physically and mentally fit* / not fit* to be admitted to the College of Arusha Public for studies.

Name of the examining physician:

Qualification

Signature:

Title:

Date.....

Official Stamp:

Please strike out whichever is inapplicable
