

MINERAL RESOURCES INSTITUTE



SHORT COURSE APPLICATION FORM

Please complete the form in BLOCK CAPITALS

1. Surname or Family Name:

2. First Name or Given Name(s):

3. Title (Ms, Mrs, Mr etc.):

4. Address for correspondence:

5. Telephone Number (Day-time):

6. Email:

7. Date Of Birth:

8. Name the course/module for which you are applying:

9. Please give details of any qualification(s) obtained since leaving school:

10. Please give brief details of work experience relevant to the course/module you wish to take:

11. Have you previously taken a course at MRI? YES/NO

(If 'YES', please state the type of course (e.g. Ordinary Diploma, short course, seminar) and area of study):

12. Please sign and date:

Signed:	Date:
---------	-------

When completed, this form should be returned to:

Head of Research and Short Course
Mineral Resources Institute
P.O BOX 1696 Dodoma
Email: reasearch@mri.ac.tz

Notes:

- Any applicants with any disability or medical condition may wish to draw this to the attention of the department concerned. Such information will be treated in confidence and is only requested in order that the College may offer advice on what facilities are available for students with disabilities or special medical conditions.