



**SOKOINE UNIVERSITY OF AGRICULTURE  
DIRECTORATE OF UNDERGRADUATE  
STUDIES (DUS)**



**SUA STEPS**  
SKILLS TRAINING IN ENTREPRENEURSHIP  
AND PROPRIETORSHIP FOR STUDENTS

**SKILLS TRAINING IN ENTREPRENEURSHIP  
AND PROPRIETORSHIP FOR STUDENTS**

**(SUA STEPS)**

**APPLICATION FOR REGISTRATION OF SUA STEPS  
GROUPS/COMPANIES & ENTREPRISES**

1. Name of the SUA-STEPS Group/Company and Enterprise \_\_\_\_\_
2. Name of the host Department \_\_\_\_\_
3. Name of the Company/Group/Enterprise \_\_\_\_\_
4. Number of Individuals in the Group \_\_\_\_\_
5. **SUA STEPS LEADERSHIP**

LEADERSHIP POSITION	NAME	Email and Mobile phone	Can this person Update Group/Co/Enterprise information? YES/NO
DIRECTOR 1			
DIRECTOR 2			
DIRECTOR 3			
DIRECTOR 4			

**SKILLS TRAINING IN ENTREPRENEURSHIP**

6. **OBJECTIVES/ACTIVITIES OF THE SUA-STEP GROUP/COMPANY/ ENTREPRISE**

- a. \_\_\_\_\_
- b. \_\_\_\_\_
- c. \_\_\_\_\_
- d. \_\_\_\_\_

**7. Names and Registration numbers of the group members/Shareholders**

SN	NAME	REGISTRATION NUMBER	SEX (Male/Female)	Signature & Mobile phone
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

**8. Name, Department and contact of Academic Staff/Assistant to Academic staff**

(Mentor) (Optional): Name: \_\_\_\_\_;

Name of Academic Unit/Department: \_\_\_\_\_;

Mobile phone: \_\_\_\_\_

**9. NAME AND CONTACT OF THE PERSON SUBMITTING THE APPLICATION**

**ON BEHALF OF THE GROUP/COMPANY/ENTREPRISE**

9.1 NAME \_\_\_\_\_

9.2 EMAIL & MOBILE PHONE \_\_\_\_\_

9.3 SIGNATURE: \_\_\_\_\_

9.3 DATE OF SUBMISSION: \_\_\_\_\_

**B. FOR OFFICIAL USE ONLY**

**B1. DATE RECEIVED:** -----

**B2. REGISTRAR RECOMMENDATIONS (compliance on SUA STEPS registration)**

**RECOMMENDED/NOT RECOMMENDED** -----

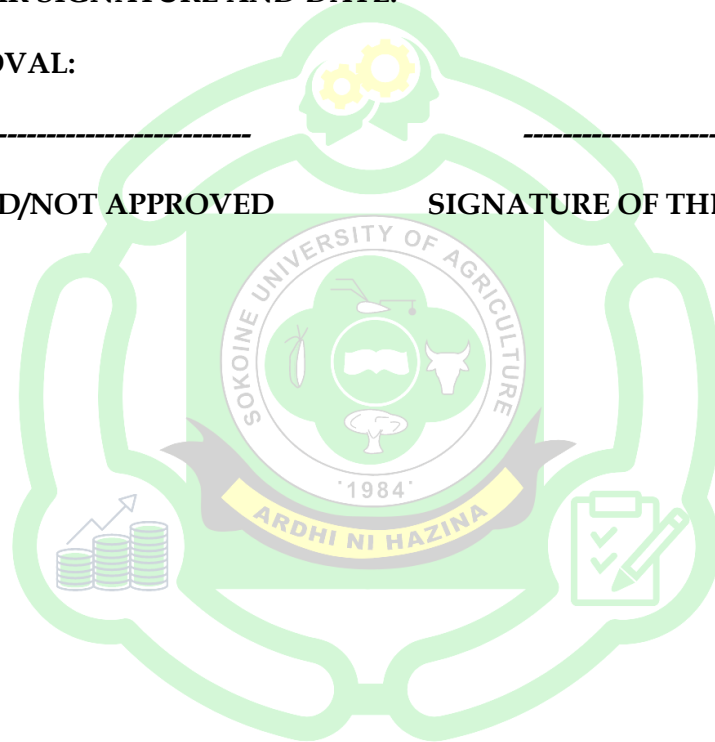
**REGISTRAR SIGNATURE AND DATE:** -----

**B4. APPROVAL:**

-----

**APPROVED/NOT APPROVED**

**SIGNATURE OF THE DIRECTOR, DUS**



# SUA STEPS

SKILLS TRAINING IN ENTREPRENEURSHIP  
AND PROPRIETORSHIP FOR STUDENTS