



CERTIFICATE & DIPLOMA APPLICATION FORM

UNIVERSITY OF IRINGA (Uoi)

(FORMERLY, TUMAINI UNIVERSITY – IRINGA UNIVERSITY COLLEGE)
P.O. BOX 200, IRINGA, TANZANIA TEL: (0) 26 272 0900,
FAX: (0) 26 272 0904, Website: www.uoi.ac.tz,
E-Mail: uoi@uoi.ac.tz, admissions@uoi.ac.tz

Attach a Recent
Passport
Sized
Photo
Here

Dear Prospective Student,

Thank you for your interest in University of Iringa (Uoi), formerly Tumaini University – Iringa University College. Attached are the necessary forms for applying to the various **programmes** for **September Intake in the 2017-2018 academic year**.

The following items must accompany your application for admissions before it will be processed:

- Completed Application Form
- 30,000/= non-first degree programmes non-refundable application fee OR U.S. \$30.00 for foreigners
- Certified copy of “O” Level Certificate
- Certified copy of “A” Level Certificate (if any)
- Certified copies of other Certificate(s)/Diploma(s) with Transcripts (if you have)
- Completed Medical Examination Form (It is found at www.uoi.ac.tz)
- 1 Passport-size photograph (taken within the past six months)
- Certified copy of Birth Certificate (affidavits are not acceptable at all).

N.B: Our foreign applicants are also required to submit the following additional items:

- Two completed immigration forms TIF.1
- 5 passport-size photographs (light blue background)
- U.S. \$120.00 Student Visa processing fee
- Curriculum Vitae (CV)

Please complete and return at your earliest convenience along with the non-refundable application fee. Incomplete application materials may not be assessed.

Application fees should be deposited in

A/c Name: Tumaini University at Iringa

Local Collection A/C No (NBC): 028-103-000-152 OR CRDB A/C No. 01J1070671101

Forex Collection A/C No (NBC): 028-105-000-246

Please **write the name of the applicant** in whose respect the application fees are being paid on the bank **pay-in-slip**.

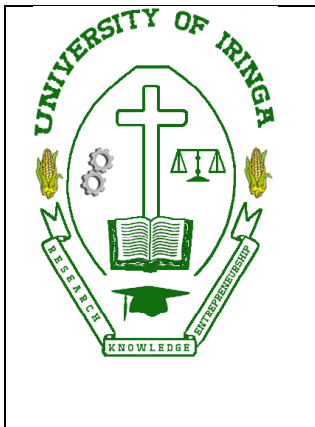
Deadline for September intake is 30th July, 2017. To avoid inconveniences, you are strongly advised to use banks to remit your deposits.

Regards,

MR HERBERT WANGA - 0764 444 432

MR FREDY MSIGALLAH - 0713 694 028

Admissions Officer



CERTIFICATE & DIPLOMA APPLICATION FORM

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UNIVERSITY OF IRINGA (UoI)
(FORMERLY, TUMAINI UNIVERSITY – IRINGA UNIVERSITY COLLEGE)
 P.O. Box 200, Iringa, Tanzania TEL: (0) 26 272 0900,
 FAX: (0) 26 272 0904, Website: www.uoi.ac.tz,
 E-Mail: uoi@uoi.ac.tz, admissions@uoi.ac.tz

Application for Admission to Certificate and Diploma Programmes for Academic Year 2017 – 2018 for September Intake. Please Write in Block Letters.

I. PERSONAL INFORMATION

(Note: The names entered in this form must be exactly the same as those appearing on your C.S.E.E (Form IV); not any other academic certificates. If there is no surname or middle name in your certificate please do not write it)

First Name		Postal Address	
Middle Name		Region	
Last name		Country	
Gender		Phone Number	
Date of Birth		Mobile Number	
Place of Birth		Fax Number	
Nationality		E-mail Address	

II. EDUCATION INFORMATION

Primary School:		O-Level School:	
Name of School		Name of School	
Completion Year		Index Number	
Postal Address		Completion Year	
District		Postal Address	
Region		District	
		Region	
A-Level School:		College Course attended (if any):	
Name of School		Name of College	
Index Number			
Completion Year		Type of Course	
Postal Address			
District		Completion Year	
Region/City		District	
		Region/City	

III. FINANCIAL SUPPORT FOR STUDIES:

Name of Sponsor	
Address	
District	
Region	
Country	
Phone Number	
E-mail Address	

IV. EMERGENCY CONTACT (Provide two names and addresses)

1. Contact Name		2. Contact Name	
Relationship		Relationship	
Postal Address		Postal Address	
Phone Number		Phone Number	
Mobile Number		Mobile Number	
Fax Number		Fax Number	
E-mail Address		E-mail Address	

V. PROGRAMMES OFFERED AT UoI

Indicate your preference using numbers 1, 2 and 3 against the respective programme.

1. FACULTY OF ARTS AND SOCIAL SCIENCES	
Certificate in Leisure and Tourism Studies (CLTS)	
Certificate in Community Development (CCD)	
Certificate in Journalism (CJ)	
Diploma in Community Development (DCD)	
Diploma in Journalism (DJ)	
Diploma in Leisure and Tourism Studies (DLTS)	
2. FACULTY OF BUSINESS AND ECONOMICS	
Certificate in Business Administration (CBA)	
Certificate in Accountancy and Finance (CAF)	
Certificate in Human Resource Management (CHRM)	
Certificate in Procurement and Material Management (CPMM)	
Diploma in Business Administration (DBA)	
Diploma in Accountancy and Finance (DAF)	
Diploma in Human Resource Management (DHRM)	
Diploma in Procurement and Material Management (DPMM)	
3. FACULTY OF LAW	
Certificate in Law (CL)	
Diploma in Law (DL)	
4. FACULTY OF THEOLOGY	
Certificate in Theology (CTH)	
Diploma in Theology (DTH)	
5. FACULTY OF SCIENCE AND EDUCATION	
Certificate in Information Technology (CIT)	
Diploma in Information Technology (DIT)	
6 FACULTY OF PSYCHOLOGY	
Certificate in Counseling Psychology (CCP)	
Diploma in Counseling Psychology (DCP)	

VI. DECLARATION

I declare that the information and documents provided are true and correct to the best of my knowledge.

Date Signature of applicant

VII. FOR OFFICIAL USE ONLY

Remarks

Title: Signature:

Date:

NOTE:

1. **Course cannot be run unless it has 15 or more candidates.**
2. **Please Attach:**
 - Certified copies of "O" level, "A" level and other courses certificate and transcripts.
 - Duly completed medical examination form.
 - Application fee payment slip or receipt.
 - Passport-size photograph (taken within the past six months)
 - Certified Copy of Birth Certificate (affidavits are not acceptable).

UNIVERSITY OF IRINGA
FEES STRUCTURE FOR 2017 - 2018
CERTIFICATE AND DIPLOMA

A. Hostel Fee for ON-CAMPUS only

1ST Installment	2nd Installment	Total
189,000	189,000	378,000

B. Tuition Fee for Certificate

1st Instal 3-Oct	2nd Instal 2 Jan	3rd Instal 5-March	4th Instal 21 May	Total
180,000	120,000	180,000	120,000	600,000

C. Tuition Fee for Diploma

1st Instal 3-Oct	2nd Instal 2 Jan	3rd Instal 5-March	4th Instal 21 May	Total
240,000	160,000	240,000	160,000	800,000

D. Other Expenses (Certificate and Diploma)

	1st Instal 3-Oct	2nd Instal 2 Jan	3rd Instal 5-March	4th Instal 21 May	Total
Computer Fees	37,500	37,500	37,500	37,500	150,000
Identity Card	10,000	-	-	-	10,000
Wear and Tear <i>(Non-refundable)(For First Year Only)</i>	20,000	-	-	-	20,000
Graduation Fee <i>(For Finalist Only)</i>	-	-	-	50,000	50,000
TCU Quality Assurance fee	20,000				20,000
Health Insurance	60,000				60,000
Total	147,500	37,500	37,500	87,500	310,000

- NB: 1.** All above fees should be paid through Tumaini University at Iringa - NBC A/C 028103000152 OR CRDB A/C No. 01J1070671101
- 2** Student Activity Fee 18,000/- should be paid through Tumaini University Students Organization at NBC A/C No. 028201025482 OR CRDB A/No. 0152243221600
- 3** MAKE SURE YOU WRITE YOUR NAME AND COURSE IN THE BANK PAY-IN SLIP



MEDICAL EXAMINATION FORM

UNIVERSITY OF IRINGA

(Formerly, Tumaini University – Iringa University College)

P.O. Box 200, Iringa, Tanzania

TEL: (0)26 2720900, FAX: (0)26-2720904 EMAIL: uoi@uoi.ac.tz , admissions@uoi.ac.tz

This form consists of Section A to be completed by the applicant and Section B to be completed by a registered medical officer or doctor. The completed form must be submitted along with all the other application materials.

SECTION A (TO BE COMPLETED BY THE APPLICANT)			
<i>[Please Write in Block Letters]</i> I. PERSONAL INFORMATION			
Full Name		Marital Status	
First:		Gender	
Middle:		Date of Birth	
Last:		Degree Programme	
II. PAST MEDICAL HISTORY			
(i) NERVOUS SYSTEM Any loss of consciousness? Yes / No If yes, dates of incident _____ Current treatment _____ Any neurological deficiency? Yes / No If yes, state deficiency _____ When acquired _____ Current treatment _____ Any fits? Yes/No If yes, type of fits _____ Date of last episode _____ Current treatment _____		Herpes Zoster Yes / No If yes, date of illness _____ Part of body affected _____ Hypertension Yes / No If yes, when detected _____ Current treatment _____ Asthma Yes / No If yes, when detected _____ Current treatment _____ Allergies Yes / No If yes, date of last reaction _____ Cause of reaction _____	
(ii) MUSCULO-SKELETAL SYSTEM Any Deformity? Yes / No If yes, which part of the body _____ When acquired _____ Use of accessories or aids _____		Major Surgeries Yes / No If yes, type of surgery _____ Date of surgery _____ Outcome of surgery _____	
(iii) OTHER CHRONIC CONDITIONS Diabetes Mellitus Yes / No If yes, when detected _____ Current Status _____ Tuberculosis Yes / No If yes, when detected _____ Current status Cured / On going treatment		Any Heart Disease Yes / No If yes, what disease? _____ Current Treatment _____ Any Dietary Restrictions Yes / No If yes, state restriction _____	
Please Note: The applicant is responsible for maintaining any dietary restrictions.			
III. DECLARATION			
I declare that all the information provided herein is true to the best of my knowledge.			
Signature _____		Date _____	

SECTION B
(TO BE COMPLETED BY A REGISTERED MEDICAL OFFICER OR DOCTOR)

IV. VARIOUS TESTS

<p>(i) GENERAL APPEARANCE Height _____ Weight _____ Blood Pressure _____ Pulse Rate _____ Lymph node Palpable _____ Skin Appearance _____ Throat Tonsils _____ Teeth Dentition _____ Carious _____</p> <p>EARS: Rt Hearing _____ Drum Membrane _____ Lt Hearing _____ Drum Membrane _____</p> <p>EYES: Rt VA _____ Squint _____ Lt VA _____ Squint _____</p>	<p>(ii) CARDIO-RESPIRATORY SYSTEM (CHEST X-RAY FILM & REPORT ARE NEEDED) Lung Fields _____ Breast Lumps _____ Heart Size _____ Heart Sounds _____</p> <p>(iii) ABDOMINAL EXAMINATION (ABDOMINAL U.S.S. REPORT IS NEEDED. IF MASS DETECTED FILM IS NEEDED) Contour: Sunken / Normal / Distended Skin Scar _____ Umbilicus _____ Hernia _____</p> <p>(iv) MUSCULO SKELETAL SYSTEM Any Deformation? Yes / No If yes which part of the body _____ Type of deformity _____</p>
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V. LABORATORY INVESTIGATIONS

<p>(i) BIOCHEMICAL Fasting Blood Sugar _____ Serum Creatinine _____ Serum Aspartate T. _____ Serum Alanine T. _____ Blood Urea _____ Uric Acid _____</p> <p>(ii) IMMUNOLOGY VDRL Reaction if +ve treatment _____ Widal Reaction if +ve treatment _____ Contact with Human Immunodeficiency Virus Sero Conversion (Optional) _____</p>	<p>(iii) HEMATOLOGY (CULTA COUNTER) Haemoglobin _____ White Cells Count _____</p> <p>(iv) PARASITOLOGY Stool Routine Examination _____ Treatment _____ Urinalysis & Sediment Microscopy _____ Treatment _____ Blood Smear for Protozoa, Hemoflagellets & Spirachaetae _____ Treatment _____</p>
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VI. OTHER OBSERVATIONS

Any other observations whether irritable or aggressive:

VII. DECLARATION

I Dr. _____ of _____ has examined the named candidate and conclude that the candidate is / is not suitable to attend a three year degree programme at University of Iringa.

Signature with Official Stamp _____ Date _____