



BACHELOR DEGREE 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 **degree 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-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) 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 31st 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



BACHELOR DEGREE APPLICATION FORM

Attach a Recent
Passport
Sized
Photo
Here

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 Bachelor degree 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)

Surname		Postal Address	
First Name		City	
Middle Name		Region	
Gender		Country	
Marital Status		Phone Number	
Date of Birth		Mobile Number	
Place of Birth		Fax Number	
Nationality		E-mail Address	

II. EDUCATION INFORMATION

O-Level School:		A-Level School:	
Name of School		Name of School	
Index Number		Index Number	
Completion Year		Completion Year	
Postal Address		Postal Address	
City/Region		City/Region	
Certificate:		Diploma:	
Name of Institute		Name of Institute	
Reg No		Reg No	
GPA		GPA	
Completion Year		Completion Year	
Postal Address		Postal Address	
City/Region		City/Region	

III. EMPLOYMENT INFORMATION (if any):

Name of Employer	
Postal Address of Employer	
Period of Employment	
Occupation	
Name of Supervisor	

IV. RELIGIOUS INFORMATION:

Religious affiliation (Dini)		Local Religious Leader and Address	
Denomination (Dhehebu)			

V. FINANCIAL SUPPORT FOR STUDIES:

Name of Sponsor	
Address	
City/Region	
Country	
Phone Number	
E-mail Address	
Fax Number	

VI. FAMILY INFORMATION

1	Name of Father		Postal Address	
	Occupation		Employer	
	Educational Level		Nationality	
2	Name of Mother		Address	
	Occupation		Employer	
	Educational Level		Nationality	
3	Name of Spouse		Postal Address	
	Occupational		Employer	
	Educational Level		Nationality	

VII. 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	

VIII. PERSONAL REFERENCES

Please give names of two referees from whom information can be sought on:

- Academic Integrity
- Status of Responsibility/Position

1. Referee's Name		2. Referee's Name	
Postal Address		Postal Address	
Phone Number		Phone Number	
Mobile Number		Mobile Number	
Fax Number		Fax Number	
E-mail Address		E-mail Address	

IX. ACADEMIC PROGRAMMES

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

A: PROGRAMMES OFFERED AT UoI

1.	FACULTY OF ARTS AND SOCIAL SCIENCES	
	Bachelor of Arts in Journalism (BAJ)	
	Bachelor of Art in Community Development (BACD)	
	Bachelor of Arts in Cultural Anthropology and Tourism (BACAT)	

2. FACULTY OF BUSINESS AND ECONOMICS	
Bachelor of Business Administration (BBA)	
Bachelor of Science in Accounting and Finance (BAF)	
Bachelor of Science in Economics and Finance (BEF)	
Bachelor of Applied Marketing and Entrepreneurship (BAME)	
Bachelor of Business in Human Resource (BHRM)	
Bachelor of Business in Procurement and Supply Chain Management (BPMM)	
Bachelor of Business in Marketing (BBM)	
3. FACULTY OF LAW	
Bachelor of Laws (LLB)	
4. FACULTY OF THEOLOGY	
Bachelor of Theology (BTH)	
5. FACULTY OF PSYCHOLOGY	
Bachelor of Counseling Psychology (BCP)	
6. FACULTY OF SCIENCE AND EDUCATION	
Bachelor of Education (Arts) - History & Geography	
Bachelor of Education (Arts) - English & Geography	
Bachelor of Education (Arts) - English & Kiswahili	
Bachelor of Education (Arts) - History & English	
Bachelor of Education (Arts) - History & Kiswahili	
Bachelor of Education (Arts) - Kiswahili & Geography	
Bachelor of Education (Mathematics)	
Bachelor of Science in Information Technology (BSc IT)	

X. DECLARATION

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

Date Signature of applicant

XI. 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 course certificates and transcripts.
 - Dully 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).

FEE STRUCTURE FOR 2017- 2018

A: Hostel Fee for ON-CAMPUS only

1 st Instalment	2 nd Instalment	Total
189,000/=	189,000/=	378,000/=

B: Tuition fees

1st Instal due date 3-October	2nd Instal due date 2-Jan	3rd Instal due date 5-March	4th Instal due date 21-May	Total
450,000	300,000	450,000	300,000	1,500,000

C: Other Expenses

	1st Instalment due date 3- October	2nd Instal due date 2-Jan	3rd Instal due date 5- March	4th Instal due date 21-May	Total
Computer fees	37,500	37,500	37,500	37,500	150,000
University Development Fund	12,500	12,500	12,500	12,500	50,000
Field Practical Supervision	25,000	25,000	25,000	25,000	100,000
Examination Fee	12,500	12,500	12,500	12,500	50,000
Registration Fee	12,500	12,500	12,500	12,500	50,000
Identity Card	10,000	-	-	-	10,000
Wear and Tear (<i>Non- Refundable</i>)	20,000	-	-	-	20,000
TCU Quality Assurance fee	20,000	-	-	-	20,000
Heath Insurance	60,000				60,000
Total	210,000	100,000	100,000	100,000	510,000

- 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)			
[Please Write in Block Letters] 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 _____ Any Heart Disease Yes / No If yes, what disease? _____ Current Treatment _____ Any Dietary Restrictions Yes / No If yes, state restriction _____	
(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		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

(i) GENERAL APPEARANCE

Height _____ Weight _____
 Blood Pressure _____ Pulse Rate _____
 Lymph node Palpable _____
 Skin Appearance _____
 Throat Tonsils _____
 Teeth Dentition _____ Carious _____

EARS:

Rt Hearing _____ Drum Membrane _____
 Lt Hearing _____ Drum Membrane _____

EYES:

Rt VA _____ Squint _____
 Lt VA _____ Squint _____

(ii) CARDIO-RESPIRATORY SYSTEM

(CHEST X-RAY FILM & REPORT ARE NEEDED)

Lung Fields _____ Breast Lumps _____
 Heart Size _____ Heart Sounds _____

(iii) ABDOMINAL EXAMINATION

(ABDOMINAL U.S.S. REPORT IS NEEDED. IF MASS DETECTED FILM IS NEEDED)

Contour: Sunken / Normal / Distended

Skin Scar _____

Umbilicus _____ Hernia _____

(iv) MUSCULO SKELETAL SYSTEM

Any Deformation? Yes / No

If yes which part of the body _____

Type of deformity _____

V. LABORATORY INVESTIGATIONS

(i) BIOCHEMICAL

Fasting Blood Sugar _____
 Serum Creatinine _____
 Serum Aspartate T. _____
 Serum Alanine T. _____
 Blood Urea _____
 Uric Acid _____

(ii) IMMUNOLOGY

VDRL Reaction if +ve treatment _____
 Widal Reaction if +ve treatment _____
 Contact with Human Immunodeficiency Virus Sero
 Conversion (Optional) _____

(iii) HEMATOLOGY

(CULTA COUNTER)

Haemoglobin _____

White Cells Count _____

(iv) PARASITOLOGY

Stool Routine Examination _____

Treatment _____

Urinalysis & Sediment Microscopy _____

Treatment _____

Blood Smear for Protozoa, Hemoflagellets &

Spirachaetae

Treatment _____

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 _____