



# 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](http://www.uoi.ac.tz),  
E-Mail: [uoi@uoi.ac.tz](mailto:uoi@uoi.ac.tz), [admissions@uoi.ac.tz](mailto: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
- 10,000/= non-refundable application fee OR U.S. \$10.00 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](http://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 30<sup>th</sup> August, 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**

**MR MAUNA C BELIUS – 0764 183 763**

**Admissions Officer**

## FEE STRUCTURE FOR 2017- 2018

### A: Hostel Fee for ON-CAMPUS only

1 <sup>st</sup> Instalment	2 <sup>nd</sup> 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
<b>Total</b>	<b>210,000</b>	<b>100,000</b>	<b>100,000</b>	<b>100,000</b>	<b>510,000</b>

- 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



# BACHELOR DEGREE APPLICATION FORM

Attach a Recent  
Passport  
Sized  
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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 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

<b>O-Level School:</b>		<b>A-Level School:</b>	
Name of School		Name of School	
Index Number		Index Number	
Completion Year		Completion Year	
Postal Address		Postal Address	
City/Region		City/Region	
<b>Certificate:</b>		<b>Diploma:</b>	
Name of Institute		Name of Institute	
Reg No		Reg No	
GPA		GPA	
Completion Year		Completion Year	
Postal Address		Postal Address	
City/Region		City/Region	
<b>NACTE Award Verification Number – AVN (For Diploma holders)</b>			

### 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)**

<b>1. Contact Name</b>		<b>2. Contact Name</b>	
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

<b>1. Referee's Name</b>		<b>2. Referee's Name</b>	
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**

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

<b>2. FACULTY OF BUSINESS AND ECONOMICS</b>	
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)	
<b>3. FACULTY OF LAW</b>	
Bachelor of Laws (LLB)	
<b>4. FACULTY OF THEOLOGY</b>	
Bachelor of Theology (BTH)	
<b>5 FACULTY OF PSYCHOLOGY</b>	
Bachelor of Counseling Psychology (BCP)	
<b>6. FACULTY OF SCIENCE AND EDUCATION</b>	
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).



# 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](mailto:uoi@uoi.ac.tz) , [admissions@uoi.ac.tz](mailto: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			
<b>(i) NERVOUS SYSTEM</b> <b>Any loss of consciousness?</b> Yes / No If yes, dates of incident _____ Current treatment _____ <b>Any neurological deficiency?</b> Yes / No If yes, state deficiency _____ When acquired _____ Current treatment _____ <b>Any fits?</b> Yes/No If yes, type of fits _____ Date of last episode _____ Current treatment _____		<b>Herpes Zoster</b> Yes / No If yes, date of illness _____ Part of body affected _____ <b>Hypertension</b> Yes / No If yes, when detected _____ Current treatment _____ <b>Asthma</b> Yes / No If yes, when detected _____ Current treatment _____ <b>Allergies</b> Yes / No If yes, date of last reaction _____ Cause of reaction _____	
<b>(ii) MUSCULO-SKELETAL SYSTEM</b> <b>Any Deformity?</b> Yes / No If yes, which part of the body _____ When acquired _____ Use of accessories or aids _____		<b>Major Surgeries</b> Yes / No If yes, type of surgery _____ Date of surgery _____ Outcome of surgery _____ <b>Any Heart Disease</b> Yes / No If yes, what disease? _____ Current Treatment _____ <b>Any Dietary Restrictions</b> Yes / No If yes, state restriction _____	
<b>(iii) OTHER CHRONIC CONDITIONS</b> <b>Diabetes Mellitus</b> Yes / No If yes, when detected _____ Current Status _____ <b>Tuberculosis</b> Yes / No If yes, when detected _____ Current status Cured / On going treatment		<b>Please Note: The applicant is responsible for maintaining any dietary restrictions.</b>	
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><b>(i) GENERAL APPEARANCE</b>                  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><b>(ii) CARDIO-RESPIRATORY SYSTEM</b>  <b>(CHEST X-RAY FILM &amp; REPORT ARE NEEDED)</b>                  Lung Fields _____ Breast Lumps _____                  Heart Size _____ Heart Sounds _____</p> <p><b>(iii) ABDOMINAL EXAMINATION</b>  <b>(ABDOMINAL U.S.S. REPORT IS NEEDED. IF MASS DETECTED FILM IS NEEDED)</b>                  Contour: Sunken / Normal / Distended                  Skin Scar _____                  Umbilicus _____ Hernia _____</p> <p><b>(iv) MUSCULO SKELETAL SYSTEM</b>                  Any Deformation? Yes / No                  If yes which part of the body _____                  Type of deformity _____</p>
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**V. LABORATORY INVESTIGATIONS**

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