



ADVANCED 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 UoI for the various **ADVANCED 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:

- a) Completed Application Form
- b) 30,000/= non-refundable application fee OR U.S. \$30.00 for foreigners
- c) Certified Copy of “O” Level Certificate
- d) Certified Copy of “A” Level Certificate (if any)
- e) Certified Copies of other Certificate (s) /Diploma(s), Degree, etc. with Transcripts
- f) Completed Medical Examination Form (It is found at www.uoi.ac.tz)
- g) Two letters of reference (See Personal References Section of application form) or (It is found at www.uoi.ac.tz)
- h) 1 Passport-size photograph (taken within the past six months)
- i) Certified Copy of Birth Certificate (affidavits are not acceptable).
- j) Curriculum Vitae (CV)

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

- k) Two completed immigration forms TIF.1
- l) 5 passport-size photographs (light blue background)
- m) U.S. \$120.00 Student Visa processing fee
- n) Certified Copy of NECTA/NACTE translation of Foreign Certificates (If any)

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**.

NB: Deadline for 20th 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

Admission Officers



ADVANCED 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

I. APPLICATION FOR ADVANCED DEGREE PROGRAMME 2017/2018

Please, put before the program you are applying for:

MASTER PROGRAMMES
Master of Business Administration (MBA)
Master of Business in Human Resource (MBA-HR)
Master of Business in Finance
Master of Business in Marketing
Master of Science in Counselling Psychology (MSC.CP)
Master of Mission and Community Development (MMCD)
Master of Education in Assessment and Evaluation
Master of Education in Curriculum Development and Teaching
Master of Education in Policy, Planning and Administration
Master of Laws in Information and Communication Technology Law (LLM-ICT Law)
Master of Laws in International Criminal Justice and Human Rights (LLM-ICJ-HR)
Master of Arts in Community Development and Project Management (MA-CDPM)
Master of Arts in Tourism, Culture and Society (MATCS)
Master of Research Methods (MRM)
Master of Arts in Journalism and Media Management (MAJMM)
POSTGRADUATE PROGRAMMES
Post Graduate Diploma in Management (PGDM)
Post Graduate Diploma in Education (Administration) (PGDEA)
Post Graduate Diploma in Education (Teaching) (PGDET)
Postgraduate Diploma in Church Leadership Management (PGDCLM)

II. PERSONAL INFORMATION

[Please Write in Block Letters]			
First Name		Postal Address	
Middle Name		City	
Surname		Region	
Gender		Country	
Marital Status		Phone Number	
Date of Birth		Mobile Number	
Place of Birth		Fax Number	
Tribe		Email Address	

Fax Number	
Email Address	

2) Contact Name	
Relation	
Postal Address	
Phone Number	
Mobile Number	
Fax Number	
Email Address	

IX. VERIFICATION	
<p>I declare that all the information provided herein is true to the best of my knowledge and belief and I shall be accountable if proven otherwise.</p> <p>Signature _____ Date _____</p>	

For UoI OFFICE USE ONLY	
Date application fee received _____ Collected by _____	
Degree Programme _____ Accepted _____ Denied _____	
Other _____ Date _____	

NOTE:

1. Course cannot be run unless it has 15 or more candidates.
2. Students should arrange for their own accommodation, the university has very limited hostel chances.
3. Please Attach:
 - Certified copies of "O" level, "A" level and other certificates and their respective 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).
4. For more information about Postgraduate admissions requirements, please see the University Prospectus and Website of our University or

MR HERBERT WANGA - 0764 444 432
MR FREDY MSIGALLAH - 0713 694 028
 Admission Officers



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 _____ Any Heart Disease Yes / No If yes, what disease? _____ Current Treatment _____	
(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 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

(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 _____



ADVANCED DEGREE REFERENCE LETTER

UNIVERSITY OF IRINGA

(Formerly, Tumaini University, Iringa University College)

P. O. Box 200 Iringa, Tanzania.

Tel: (0) 26 272-0900, Fax: (0) 26 272-0904 E-mail: uoi@uoi.ac.tz, admissions@uoi.ac.tz Website: www.uoi.ac.tz

Section A: To be completed by the Applicant
PLEASE TYPE OF PRINT IN BLOCK LETTERS
Name of Applicant:
Programme Applied for:
Name of Person to whom you are requesting a letter from:

Section B: To be completed by the Referee

Dean Reader,

The above named applicant has made application to University of Iringa (formerly Tumaini University – Iringa University College) and is requesting a letter of reference from you. Please write candidly about the applicant. Your letter will remain confidential to the applicant. If the space provided is not enough, please use an extra sheet and attach it to this form. Kindly, place the form in an envelope, seal it, sign your name across the seal on the back of the envelope and submit unopened to the Admissions Officer, University of Iringa.

(Underline or circle the appropriate response)

- How many years have you known the applicant? _____
- In what capacity have you known the applicant?
 - Lecturer/Professor
 - Employer
 - Colleague
 - Other: _____
- How would you rate the applicant academically?
 - Very Good
 - Good
 - Satisfactory
 - Poor
- How does the applicant interact with others?
 - Very Good
 - Good
 - Satisfactory
 - Poor
- Do you think the applicant can successfully pursue the degree programme he/she has indicated?
 - Yes
 - Yes with extra effort
 - No
 - Not Sure

6. Suitability of the applicant to pursue an Advanced Degree:

(i) Is the applicant capable of producing original work?

(ii) What do you consider the applicant's weaknesses to be?

Your signature: _____ Date: _____

PLEASE WRITE OR PRINT IN BLOCK LETTERS			
Your Name:			
Occupation:			
Institution:			
Address:	Region:	City:	Country:
P.O. Box _____			

Phone numbers:			
Home or work: _____		Cellular phone: _____	

E-mail address:			

Return completed form to:
Admissions Office,
University of Iringa,
P.O. Box 200,
Iringa, Tanzania
admissions@uoi.ac.tz

UNIVERSITY OF IRINGA
FEE STRUCTURE FOR 2017 - 2018
POSTGRADUATE DIPLOMAS AND MASTERS

A: Hostel Fee for ON-CAMPUS only

Instalment	189,000/=	189,000/=	378,000/=
-------------------	------------------	------------------	------------------

B: Tuition Fee

1	Items	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
	Post Graduate Diplomas	555,000	370,000	555,000	370,000	1,850,000
2	Masters Programs (Part Time)	600,000	400,000	600,000	400,000	2,000,000
3	Masters Programs (Full Time) (For LLM ONLY)	1,200,000	800,000	1,200,000	800,000	4,000,000

C: Other Expense

1. Post Graduate Diplomas

Computer fees	37,500	37,500	37,500	37,500	150,000
Identity Card	10,000	-	-	-	10,000
Wear and Tear (Non-Refundable)	20,000	-	-	-	20,000
Graduation fee	-	-	-	50,000	50,000
TCU Quality Assurance fee	20,000				20,000
Total	87,500	37,500	37,500	87,500	250,000

2. Masters Programs (Part Time)

Computer fees	37,500	37,500	37,500	37,500	150,000
Identity Card	10,000	-	-	-	10,000
Wear and Tear (Non-Refundable)	20,000	-	-	-	20,000
TCU Quality Assurance fee	20,000				20,000
Total	87,500	37,500	37,500	37,500	200,000

3. Masters Programs (Full Time)

Computer fees	37,500	37,500	37,500	37,500	150,000
Identity Card	10,000	-	-	-	10,000
Wear and Tear (Non-Refundable)	20,000	-	-	-	20,000
Graduation fee	-	-	-	50,000	50,000
TCU Quality Assurance fee	20,000				20,000
Total	87,500	37,500	37,500	87,500	250,000

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

4 Due date means the instalment deadline