



# 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](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 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) 10,000/= non-refundable application fee OR U.S. \$10.00 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](http://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](http://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 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

Admission Officers



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Passport  
Sized  
Photo  
Here

### I. APPLICATION FOR ADVANCED DEGREE PROGRAMME 2017/2018

Please, put  before the program you are applying for:

	<b>MASTER PROGRAMMES</b>
	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)
	<b>POSTGRADUATE PROGRAMMES</b>
	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)

<b>[Please Write in Block Letters]</b>		<b>II. PERSONAL INFORMATION</b>	
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	

<b>IX. VERIFICATION</b>	
<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>	

<b>For UoI OFFICE USE ONLY</b>	
<p style="text-align: center;">Date application fee received _____ Collected by _____</p> <p>Degree Programme _____ Accepted _____ Denied _____</p> <p>Other _____ Date _____</p>	

**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](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>(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>Any Dietary Restrictions</b> Yes / No If yes, state restriction _____ _____  <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**

**(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](mailto:uoi@uoi.ac.tz), [admissions@uoi.ac.tz](mailto:admissions@uoi.ac.tz) Website: [www.uoi.ac.tz](http://www.uoi.ac.tz)

<b>Section A: To be completed by the Applicant</b>
<b>PLEASE TYPE OF PRINT IN BLOCK LETTERS</b>
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?

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

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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**

<b>Instalment</b>	<b>189,000/=</b>	<b>189,000/=</b>	<b>378,000/=</b>
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**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
	<b>Post Graduate Diplomas</b>	555,000	370,000	555,000	370,000	1,850,000
2	<b>Masters Programs (Part Time)</b>	600,000	400,000	600,000	400,000	2,000,000
3	<b>Masters Programs (Full Time) (For LLM ONLY)</b>	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
<b>Total</b>	<b>87,500</b>	<b>37,500</b>	<b>37,500</b>	<b>87,500</b>	<b>250,000</b>

**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
<b>Total</b>	<b>87,500</b>	<b>37,500</b>	<b>37,500</b>	<b>37,500</b>	<b>200,000</b>

**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
<b>Total</b>	<b>87,500</b>	<b>37,500</b>	<b>37,500</b>	<b>87,500</b>	<b>250,000</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

**4** Due date means the instalment deadline