

MZUMBEUNIVERSITY

The Director,
 Directorate of Research, Publications and Postgraduate Studies,
 MzombeUniversity,
 P.O. Box 63,
 Mzombe.

Dear Sir/Madam,

ADMISSION ACKNOWLEDGEMENT FORM

1. I acknowledge receipt of the JOINING INSTRUCTIONS and confirm my acceptance of place at University for the Academic Year 2017/2018
2. I understand that I shall be registered for the (tick your programme):-

A. MAIN CAMPUS

SCHOOL OF PUBLIC ADMINISTRATION AND MANAGEMENT

Master of Public Administration (MPA)	[]
Master of Health Systems Management (MHSM)		
Master of Science in Health Monitoring and Evaluation (MSc. HM&E)	[]
Master of Science in Human Resource Management (MSc. HRM)	[]
Master of Research and Public Policy (MRPP)	[]

SCHOOL OF BUSINESS

Master of Business Administration in Corporate Management (MBA– CM).....	[]
Master of Science in Accounting and Finance (MSc. A&F).....	[]
Master of Science in Procurement and Supply Chain Management (MSc. PSCM).....	[]
Master of Science in Entrepreneurship (MSc. Entrepreneurship).....	[]
Master of Science in Marketing Management (MSc. MM).....	[]

INSTITUTE OF DEVELOPMENT STUDIES (IDS)

Master of Science in Development Policy (MSc. DP)	[]
Master of Science in Environmental Management (MSc. EM)	[]

FACULTY OF SOCIAL SCIENCES

Master of Science in Economics (MSc. Econ)	[]
Master of Science in Project Planning and Management (MSc. PPM)	[]
Master of Science in Economic Policy and Planning (MSc. EPP)	[]

FACULTY OF LAW

LL.M in Commercial Law	[]
------------------------	---	---

FACULTY OF SCIENCE AND TECHNOLOGY

Master of Science in Information Technology and Systems []
Master of Science in Applied Statistics []

B. DAR ES SALAAM CAMPUS COLLEGE

Master of Public Administration (MPA) []
Master of Science in Human Resource Management (MSc. HRM) []
Master of Business Administration in Corporate Management
(MBA-CM).....[]
Master of Science in Accounting and Finance (MSc. A&F) []
Master of Science in Marketing Management (MSc. MM) []
Master of Science in Procurement Chain and Logistics Management
(MSc. PSCM) []
Master of Science in Applied Economics and Business []

3. I confirm that my admission to the University is on the understanding that I will complete the course I have been admitted to unless required otherwise by the University.

4. I confirm further that during my course of study my study fees will be paid through:
(a) Government Bursar [] (b) Scholarship Award []
(c) My Employer [] (d) Private means []

5. I understand that I shall be required to promise solemnly to say the truth, to study diligently, to live circumspectly, to obey the Vice Chancellor of the University and those to whom my obedience is required, to comply with the Regulations of the University, and in all matters to promote the good of the academic community.

6. I understand further that this form should be returned not later than two months before the programme starts.

Yours sincerely,

(Signature)_____

Name (in Capital Letters): _____

Postal Address: _____

Telephone : _____

MZUMBEUNIVERSITY

MEDICAL EXAMINATION

Admission to the MzumbeUniversity is conditional upon receipt of satisfactory medical report. The Medical Practitioner to whom this Form is presented is requested to return it completed by before the registration date.

The Director,
Directorate of Research, Publications and Postgraduate Studies,
MzumbeUniversity,
P.O. Box 63,
Mzumbe.

STUDENT SURNAME: _____
OTHER NAMES: _____
DEPARTMENT: _____
AGE: _____ SEX _____ MARITAL STATUS _____

PERSONAL HISTORY

Has examinee suffered from any of the following? If yes indicate date and diagnosis. If not please write "NO" in appropriate space.

- (a) Tuberculosis : _____
(b) Other respiratory disease: _____
(c) Cardiac disease: _____
(d) Gastro-intestinal disease _____
(e) Renal or Genito Urinary disease: _____
(f) Syphilis or Gonorrhoea: _____
(g) Emotional disease or Psychosis: _____
(h) Serious Injuries: _____
(i) Allergies: _____
(j) Any fits: _____
(k) Any operations: _____
(l) Leprosy: _____

PHYSICAL EXAMINATION

- 1. Height: _____
Weight _____
2. Skin disease _____
Eyes: conjunctives _____ Pupils _____
Sight: without glasses: _____ Right _____
Left _____
Sight: with glasses: Right _____ Left _____
Please state condition of:
Ears (if any discharge)
Mouth and throat _____
Nose _____
3. Respiratory System: Any abnormality? _____

4. Cardiovascular system: _____
 Blood Pressure: Systolic _____
 Diastolic _____
 Heart: Any Murmur _____
 Arteries and Veins _____
5. ABDOMEN:
 Scars (operation) _____
 Hernia _____
 Hydrocele _____
 Masses _____
 Spleen _____
 Kidneys _____
 Rectum _____
 Any clinical evidence of hyperacidity or
 Gastric duodenal ulcers _____
6. LABORATORY
 L. URINE: Almoïn _____
 Sugar _____
 Leucocytes _____
 Biharzia _____
7. Stools:
 (Special emphasis on Hookworm and (Bilharzia)_____
8. Blood Examination: Haemoglobin _____
 Differential Count: _____
 (a) Neutrophils _____
 (b) Audiophiles _____
 (c) Basophils _____
 (d) Lymphocytes _____
 (e) Monocytes _____
 (f) E.S.R. _____
 White Blood Count _____
9. Sputum if indicated _____
 X-RAY EXAMINATION
 X-ray chest – send the X-any film
 Report

CONCLUSION:

I have examined Dr/Mr/Mrs/Miss _____
 and I consider that he/she is FIT/NOT FIT to be admitted to the University for higher studies.

NAME: _____ SIGNATURE: _____

TITLE: _____ QUALIFICATIONS: _____

REGISTRATION NO. _____
 (Official Stamp)

Date: _____

MZUMBEUNIVERSITY

The Director/Principal,
Directorate of Research, Publications and Postgraduate Studies or
Dar es Salaam Campus College or
Mbeya Campus College
MzumbeUniversity,

Dear Sir/Madam,

CONFIRMATION OF MEDICAL EXAMINATION

I confirm that I have presented my From G/5 to a Medical Practitioner,
Dr. _____

(GIVE NAME AND ADDRESS)

Who examined me on (Date): _____

I further confirm that I did request him to return the Form G/5 duty filed as soon as possible.

Yours sincerely,

(Signature)

Name: _____
(in capital letters)

Programme: _____

Department: _____

Postal Address: _____

FOR OFFICIAL USE ONLY

1. Programme: _____
2. Department: _____
3. Resident: _____
4. Financial Sponsor: _____
5. Registration NO. _____ Date _____

MZUMBEUNIVERSITY

STUDENT REGISTRATION FORM FOR POSTGRADUATE STUDIES

(To be completed by students joining the University for the first time)

FOR OFFICIAL USE ONLY

1. Programme: _____ 2. Department: _____
 3. Residence: _____ 4. Financial Sponsor: _____
 5. Registration NO. _____

To be completed by the Student:

1. **Surname** (In Block letters) _____
 2. First Names (in block letters) _____
 3. Middle names in full (In Block Letters) _____
 4. Date of Birth: _____ marital status _____
 5. Nationality: _____
 6. Region of Origin _____
 7. District of Origin: _____
 8. Home village/Town: _____
 9. Permanent Home Address (Postal) _____

10. Education Qualifications:

Name of University or Institute of Higher Learning	Years Attended		Award Obtained	Field of Study
	From	To		

11. Work Experience (start with present job)

Position held/job title	Years Attended		Brief Description of Duties	Reasons for Changing Position/Job
	From	To		

12. Original Certificates presented (Please tick):

- (a) First Degree Certificate []
 (b) Advanced Diploma Certificate []
 (c) Professional Qualifications (ACCA, CPA) etc []
 (d) Transcripts []

13. What are your extra curricular activities?

14. (a) Name of Father/Guardian (State relationship):

(b) His/her Postal Address:

(c) His/her occupation: _____

15. (i) name of next of kin (state relationship)

(ii) His/Her Postal Address:

(iv) Telephone No. _____ Residence Telephone: _____

(v) His/her occupation:

16. Statement by student:

I hereby certify that the foregoing information I have given is correct to the best of my knowledge.

Date: _____ Signature: _____