



**MZUMBE UNIVERSITY
(CHUO KIKUU MZUMBE)**

**DIRECTORATE OF RESEARCH, PUBLICATIONS AND POSTGRADUATE STUDIES
(DRPS)**

Tel: +255 23 2931220/21/22
Fax: +255 23 2931216
Cell: +255 754694029
E-Mail: drps@mzumbe.ac.tz
Website: www.mzumbe.ac.tz

P. O. Box 63,
Mzumbe,
TANZANIA.

FORM G/3

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

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 2019/2020

2. I understand that I shall be registered for the (tick your programme):-

PhD	-	[]
MBA	- Corporate Management	[]
MSc.	- Accounting & Finance	[]
MSc.	- Entrepreneurship	[]
MSc.	- Marketing Management	[]
MSc.	- Procurement and Supply Chain Management	[]
MPA	- Master of Public Administration	[]
MHSM	- Master of Health Systems Management..	[]
MHRM	- Master of Human Resources Management..	[]
MRPP	- Master of Research and Public Policy	[]
MSc.	- Health Monitoring & Evaluation	[]
MLGM	- Local Government Management	[]
MLM	- Master of Leadership and Management	[]
MRPP.-	Master of Research and Public Policy ...	[]
MADPP-	Development Policy & Planning ..	[]
MEM	- Environmental Management	[]
MSc	- Economics	[]
MSc	- Project Planning and Management ..	[]
MSc	- Economic Policy and Planning	[]
MA	- Master of Arts in Education	[]
MSc. ITS	- Master of Science Information Technology	[]
MSc. AS	- Master of Science in Applied Statistics ..	[]

LL.M - Constitutional & Administrative Law .. []
LL.M - Commercial Law []

2. 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.
3. 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 []
4. 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.
5. 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 : _____

Email Add : _____

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 _____
Bilharzia _____

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: _____

MZUMBE UNIVERSITY

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

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 _____

MZUMBE UNIVERSITY

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: _____