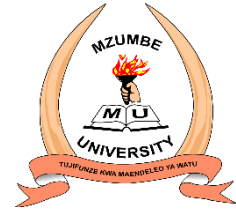




UNITED REPUBLIC OF TANZANIA
 MINISTRY OF EDUCATION, SCIENCE AND
 TECHNOLOGY

MZUMBE UNIVERSITY



DIRECTORATE OF RESEARCH, PUBLICATIONS AND POSTGRADUATE STUDIES

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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 **2024/2025**

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	..	..	[	]
MDME	-Master of Development and Monitoring evaluation			[]
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 []
LL.M - International 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 : _____

MZUMBE UNIVERSITY

MEDICAL EXAMINATION

Admission to the Mzumbe University 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,
 Mzumbe University,
 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 _____
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 _____



Prof. Harun Mapesa
DIRECTOR
APRIL, 2024