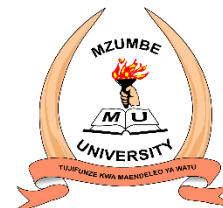




**UNITED REPUBLIC OF TANZANIA**  
**MINISTRY OF EDUCATION, SCIENCE AND**  
**TECHNOLOGY**

**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 **2025/2026**

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	..	..	..	..	..	[	]
MSc.	-	Applied Economics and Business	..	..	..	..	..	[	]

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 Gonorrhea: \_\_\_\_\_
- (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 Form 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 duly 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 \_\_\_\_\_

*NSaga*

Dr. Nsubili Isaga  
 DIRECTOR  
 JANUARY, 2025