1. **IMPORTANT**
   Every student admitted to a programme of study tenable at the Institute of Finance Management must carefully read, understand and abide by the instructions stated below. Failure to do so will not be accepted as an excuse for breach of part or any of the instructions, rules and regulations proclaimed by the Institute in the Prospectus or any other document.

2. **REGISTRATION PROCESS**
   The registration process will start on **Tuesday 15\(^{th}\) October, 2019** for those who are living in Dar es Salaam. Students may come to register and return home until the week of orientation. Please note, registration is subject to payment of the requisite minimum tuition fees and other cost as shown in the appendix C or provision of documentary evidence of having a reliable sponsor. Admission numbers will be displayed on IFM website and your application accounts.

3. **DATE OF ARRIVAL**
   All students’ are required to report officially at the Institute on **28\(^{th}\) October, 2019 for orientation.** New entrants will attend an orientation week from **28\(^{th}\) October to 1\(^{st}\) November, 2019.** Take note that it is mandatory for each student to register within the first two weeks of commencement of each semester. A prospective admitted student will cease to be a bonafide student of our Institute if he/she fails to register within the given period of time.

4. **COMMENCEMENT OF CLASSES**
   Classes will commence on **Monday 4\(^{th}\) November, 2019.** Timetables will be availed during the orientation week.

5. **MEDICAL EXAMINATION**
   Prospective candidates are required to undergo medical examination by a registered medical practitioner. The confidential medical report should be signed, sealed by the medical practitioner and submitted by hand to the Institute at the time of registration.
6. **RESIDENCE PERMIT**
   All foreign students are advised to settle their immigration/residential status with the Immigration Service Department before the commencement of classes.

7. **STUDENT'S ACCOMMODATION**
   Spaces in the Institute’s hostel are very limited and as a result campus accommodation is NOT guaranteed except for students with special needs. However, the Dean of student’s office may assist students in securing accommodation in privately operated facilities.

8. **EMPLOYER RELEASE LETTER**
   For those who are employed, it is mandatory to come with employer's release letter.

9. **TUITION FEES AND ASSOCIATED COSTS**
   The applicable tuition fee must be paid in full, in advance prior to registration.

10. **FIELDWORK, RESEARCH AND DISSERTATION**
    Sponsors are requested to set aside a substantial amount for a student to complete fieldwork and dissertation (e.g. data collection and analysis). It is recommended that sponsors have to measure this cost based on the current living costs and writing up period of two (2) months which can be extended to six (6) months, depending on the research topic and students effort to complete.

11. **ENTRY REQUIREMENT AND AUTHENTICITY OF DOCUMENTS**.
    The burden of proof for the authenticity of documents submitted during applications process lies on the applicant. The Institute reserves the right at any time, before or during the progress of your programme, to revoke the admission and/or registration status should it be found that the applicant used false documents or does not meet our standards. If the applicant/student is found to violate the country’s law, the student will be open for prosecution. In case of revocation of the students’ admission/registration, the said student will be inventible for any refund of the paid amount so far.

12. **REQUIRED DOCUMENTS AT THE TIME OF REGISTRATION**
    (i) Original Admission Letter
    (ii) Pay the required amount of tuition fees and other cost.
    (iii) Original certificates of Secondary Education Examination (CSEE), Advanced Certificate of Secondary Education (ACSEE) or Diploma, Degree certificate and transcripts for verification.
    (iv) Filled Medical Examination Report Form.
    (v) Release Letter from employer (for in-service students).
    (vi) Residence Permit – (for international students).
    (vii) Two Passport sizes photos bearing your names and program of study at the back.
    (viii) Certified copies of birth and all academic certificate and transcripts.
(ix) Health Insurance Card or Pay slip for NHIF card (i.e. Tzs. 50,400/=)

Upon fulfilling all registration requirements, the student will be issued with a registration number from the office of Registrar.

13. **CHANGING FROM ONE PROGRAMME TO ANOTHER (SUBJECT TO REGULATORS’ APPROVAL, NACTE/TCU)**
   (i) It is allowed for student to change from one programme to another depending on the availability of spaces and entry criteria used during selection within two weeks after commencement of classes.
   (ii) Before asking for any changes students are advised to be certain with their request as changes are only executed once. There will be no reversal to the previous programme once changed.
   (iii) All requests for changes should be done after a student is registered to the programme admitted. No changes will be administered to unregistered student.

14. **STUDENTS HEALTH INSURANCE**

   Students health contribution will be 50,400/= per year. This is compulsory to all students. Health insurance cards will be provided to each student. For those with cards already, will submit the copy of it to the Dean of Students Office for validity approval. **No student will be registered without fulfilling this requirement.**

15. **PROPER USE OF MODERN FACILITIES**

   The Institute has installed ultra-modern State-of-the-art learning facilities for conducive learning environment. **Students are required to take care of such facilities available in lecture theatres and computer labs. Stern disciplinary penalty will be taken for negligence.**

16. **MEALS**

   The Institute does not offer meals to students. Privately-run catering facilities are available on campus and around the Institute. Students are free to take their meals wherever they choose at their own expense. Sponsors are advised to provide a sum of Tshs. 7,500/= per day directly to the student, to cover the cost of breakfast, lunch and dinner.

17. **BOOK AND STATIONERY ALLOWANCE**

   A sum of Tshs.300,000/= per annum is recommended for the purchase of basic textbooks and stationery. The amount should be paid directly to the student.
18. STUDENTS’ WELFARE
The IFM students Organization (IFMSO) is responsible for organizing and coordinating students’ activities. Students are encouraged to participate in different activities organized by their association. Each student is required to pay a membership fee of Tshs 10,000/= annually.

19. WORSHIP
Students are advised to use the facilities available for religious services outside the campus. The Institute is centrally located for students to access numerous places of worship around the city center.

20. COMMUNICATION
Students registered at IFM are required to regularly consult notice boards designated for each faculty as well as the Registrar’s office. Students should also regularly consult the IFM website (www.ifm.ac.tz) for any information that may have a bearing on their studies or welfare. For internal communication, students are advised to use the communication module in their Student Information System (SIS) accounts.

21. Every student must read the Institute’s prospectus, which will be available upon arrival and in the IFM website.

22. DISCIPLINE
Students are required to demonstrate good behavior within and outside the Institute. Students must follow the institute’s rules, regulations and students bylaw stipulated in the prospectus. Failure to observe and fulfill the Institute’s rules, regulations and student by-laws will attract a disciplinary action which may include expulsion from the studies.

23. DRESS CODE
During your studies at IFM, you are required to observe appropriate dress code as provided by students prospectus on dress codes for students. Posters of allowed and NOT allowed cloths / wear are attached here and also available at the main entrance gates at the campus.

24. CONTINGENCIES
(i) All payments must be done one week before commencement of classes in any semester.
(ii) All administrative costs; (Reg., Caution Money, Student ID and IFMSO, & NACTE Exam fees) except fieldwork fees may be paid in the first semester.
(iii) No student will be allowed to attend classes or to sit for any tests or end of semester examinations if the tuition fee is not paid as required and a student is registered.
(iv) It is the financial practice of the Institute that once paid; and the student has been registered, fees are neither refundable nor transferable.
(v) The schedules (in Appendix A) indicate the Institute’s tuition fees for the various programmes.
THANK YOU AND YOU ARE WARMLY WELCOME AT IFM.
THE BEST CHOICE YOU HAVE MADE EVER!
APPENDIX A: ANNUAL TUITION FEE DISTRIBUTIONS FOR LOCAL STUDENTS

<table>
<thead>
<tr>
<th>S/N</th>
<th>PROGRAMME</th>
<th>TUITION FEE (Tshs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Basic Certificate</td>
<td>All 800,000</td>
</tr>
<tr>
<td>2</td>
<td>Ordinary Diploma</td>
<td>Non-computing: 1,200,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Computing: 1,400,000</td>
</tr>
<tr>
<td>3</td>
<td>Bachelor Degree</td>
<td>Non-Computing: 1,500,000</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Computing: 1,700,000</td>
</tr>
</tbody>
</table>

APPENDIX B: OTHER COSTS FOR LOCAL STUDENTS

<table>
<thead>
<tr>
<th>SN</th>
<th>PROGRAMME</th>
<th>IFMSO</th>
<th>CAUTION MONEY (1st Yr Only)</th>
<th>REGISTRATION (1st Yr Only)</th>
<th>NACTE EXAM FEES (1st Yr Only)</th>
<th>ID CARD (once a year)</th>
<th>FIELD WORK/RESEARCH PROJECT</th>
<th>TOTAL OTHER COSTS</th>
<th>ANNUAL HEALTH INSURANCE COVERAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Basic Certificate</td>
<td>10,000.00</td>
<td>50,000.00</td>
<td>50,000.00</td>
<td>15,000.00</td>
<td>20,000.00</td>
<td>100,000.00</td>
<td>245,000.00</td>
<td>50,400**</td>
</tr>
<tr>
<td>2</td>
<td>Ordinary Diploma</td>
<td>10,000.00</td>
<td>50,000.00</td>
<td>50,000.00</td>
<td>15,000.00</td>
<td>20,000.00</td>
<td>100,000.00</td>
<td>245,000.00</td>
<td>50,400**</td>
</tr>
<tr>
<td>3</td>
<td>Bachelor Degree</td>
<td>10,000.00</td>
<td>50,000.00</td>
<td>50,000.00</td>
<td>20,000.00</td>
<td>20,000.00</td>
<td>100,000.00</td>
<td>250,000.00</td>
<td>50,400**</td>
</tr>
</tbody>
</table>

** 50,400**: This amount to be paid in addition to the total amount only for those who does not possess valid health insurance coverage card.

APPENDIX C: PAYMENT INSTALLMENTS SCHEDULE (FOR STUDENTS WHO CAN NOT PAY AT ONCE)

IFM has made arrangement for installment payment to ease the financial pressure to its students if you are unable to pay the amounts above in a lump sum; the following arrangements have been approved for this purpose:

<table>
<thead>
<tr>
<th>S/N</th>
<th>PROGRAMME</th>
<th>1ST INSTALLMENT 60%</th>
<th>2ND INSTALLMENT 40%</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Basic Certificate</td>
<td>625,000.00</td>
<td>420,000.00</td>
</tr>
<tr>
<td>2</td>
<td>Ordinary Diploma</td>
<td>865,000.00</td>
<td>580,000.00</td>
</tr>
<tr>
<td></td>
<td>Non-computing:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Computing:</td>
<td>985,000.00</td>
<td>660,000.00</td>
</tr>
<tr>
<td>3</td>
<td>Bachelor Degree</td>
<td>1,050,000.00</td>
<td>700,000.00</td>
</tr>
<tr>
<td></td>
<td>Non-Computing:</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Computing:</td>
<td>1,170,000.00</td>
<td>780,000.00</td>
</tr>
</tbody>
</table>

Note: 1st Installment comprises 60% of tuition fee plus other costs.
2nd Installment comprises 40% of the tuition fee plus field work costs
Our Reference: IFM/ADM/2019/2020

ACCEPTANCE OF ADMISSION OFFER

Your Ref. No. ________________ Date: ________________
(Quote the Ref. No. on your admission letter)

To: The Rector
Institute of Finance Management
5Shaaban Robert Street
P.O. Box 3918

11101 DAR ES SALAAM
Telephone: 255-22-2112931/4
Fax: 255-22-2112935
Telegrams: E-mail rector@ifm.ac.tz
Website: http://www.ifm.ac.tz.

Dear Sir,

I acknowledge receipt of the 2019/2020 JOINING INSTRUCTIONS and confirm my acceptance of a place of study at your Institute, I understand that I shall be registered for the course of _______________________. I confirm that my admission to the Institute is on the understanding that I will complete the course I have been admitted into unless required otherwise by the Institute. I also confirm that I have read all information in form 1 and accept them all.

I confirm that during my course of study my Institute fee will be paid through__________________ (state whether through scholarship award, private means, parastatal bursary, etc.)

Yours faithfully,

____________________ (Signature)

NAME: (In Capital) ________________________________ ________________________________

Admission number: ________________________________

This form to be returned at the date of registration. If we don't receive by that date your admission place may be open to another application.
MEDICAL EXAMINATION FORM

PART I: PERSONAL PARTICULARS (To be filled by the candidate)

<table>
<thead>
<tr>
<th>Surname</th>
<th>Age</th>
<th>Sex</th>
</tr>
</thead>
<tbody>
<tr>
<td>…………</td>
<td>……..</td>
<td>…..</td>
</tr>
</tbody>
</table>

OTHER NAMES: ...........................................

MARITAL STATUS: ...........................................

FACULTY: ...........................................

PART II: (To be filled by a qualified and registered Medical Professional)

A: PERSONAL HISTORY

Has the examinee suffering or have suffered from any of the following? Indicate YES or NO

| 1. Tuberculosis | 15. Jaundice |
| 2. Pneumonia | 16. Dysentery |
| 3. Other respiratory disease | 17. Varicose Veins |
| 4. Pleurisy | 18. Kidney or Urinary disease |
| 5. Asthma | 19. Rapture |
| 7. Heart disease Gastric or duodenal ulcer | 21. Poliomyelitis or other neurological disorder |
| 8. Recurrent indigestion | 22. Skin disease |
| 9. Nervous breakdown | 23. Malaria or other tropical disease |
| 11. Eye disorder | 25. Cholera |
| 12. Ear, Nose or Throat disorder | 26. Operations |
| 13. Gynecological disorder (female only) | 27. Serious accidents |

B: PHYSICAL EXAMINATION

<table>
<thead>
<tr>
<th>Height (cm)</th>
<th>Cardiovascular system:</th>
<th>Blood Pressure:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skin disease</td>
<td>Systolic</td>
<td>Diastolic</td>
</tr>
<tr>
<td>Weight (kg)</td>
<td>Heart: Any Mummer?</td>
<td>Arteries and Veins</td>
</tr>
<tr>
<td>Eyes:</td>
<td>Respiratory System:</td>
<td></td>
</tr>
<tr>
<td>Conjunctives</td>
<td>Lung fields</td>
<td></td>
</tr>
<tr>
<td>Pupils</td>
<td>Abdomen:</td>
<td></td>
</tr>
<tr>
<td>Vision: Without glasses: Right:</td>
<td>Hernia</td>
<td></td>
</tr>
<tr>
<td>Left:</td>
<td>Hydrocele</td>
<td></td>
</tr>
<tr>
<td>With glasses: Right:</td>
<td>Masses</td>
<td></td>
</tr>
<tr>
<td>Left:</td>
<td>Kidneys</td>
<td></td>
</tr>
<tr>
<td>Ears (state if any discharge)</td>
<td>Spleen</td>
<td></td>
</tr>
<tr>
<td>Mouth and throat</td>
<td>Liver</td>
<td></td>
</tr>
<tr>
<td>Nose</td>
<td>Any clinical evidence of hyperacidity or gastric duodenal ulcer?</td>
<td></td>
</tr>
</tbody>
</table>
C: LABORATORY TEST

1. Urine:
   Albumin ........................................
   Sugar ........................................
   Leucocytes ..................................

2. Blood Examination:
   (a) Hb Level .................................
   (b) Neutrophils: ............................
   (c) Eosinophils: ............................
   (d) Basophils: ..............................
   (e) Lymphocytes .........................
   (f) Monocytes: ............................
   (g) (ESR) mm/hr..........................

3. Sorelogy:
   Widal Test ...................................
   VDRL ....................................... 

4. Stool: Special emphasis on
   Hookworm or Schistosoma

5. X-ray examination – Chest
   (Include Radiologist’s report)

6. Pregnancy Test (Females) ......................

PART III: CONCLUSION

I have examined Mr./Miss/Mrs. .............................................................. and consider that he/she is fit/not fit to be admitted to the Institute to pursue studies. (Delete the word, which is not applicable).

Date: ................................. Signature:.................................

Name: ................................. Title: .................................

Qualifications:.........................

_______________________________
Official stamp or seal

Address: .................................
........................................
........................................

PLEASE RETURN THIS FORM IN A SEALED ENVELOPE TO:

The Rector
Institute of Finance Management
5 Shaaban Robert Street
P.O. Box 3918
DAR ES SALAAM, TANZANIA
Telephone: 255-2-2112931/4
Fax: 22-2112935
Email: rector@ifm.ac.tz
Website: www.ifm.ac.tz
STUDENTS REGISTRATION FORM (FRESH UNDERGRADUATE STUDENTS)
2019/2020 ACADEMIC YEAR

Note: This form must be completed by every student joining the Institute for the first time
PLEASE USE CAPITAL LETTERS

1. SURNAME: ___________________ FIRST NAME: ___________________ MIDDLE NAME: ___________________

2. DATE OF BIRTH: ___________  ___________  ___________
   Day   Month   Year

3. GENDER (tick): ___________
   Male   Female

4. ORIGIN: ___________________  ___________________  ___________________  ___________________
   Country   District   Region   Nationality

5. MARITAL STATUS (tick one): ___________
   Married   Single   Divorced   Widowed

6. Permanent Home Address (Postal): …………………………………………………………………………………
   …………………………………………………………………………………………………………………………………………
   Student’s Mobile/Telephone Number: …………………………………………………………………………………
   E-Mail: ………………………………………………………………………………………………………………………………

7. Residence: …………………………………………………………………………………………………………………

8. Financial Sponsor: ……………………………………………………………………………………………………………

9. Employer (If Any): ……………………………………………………………………………………………………………
   Address Of Employer: ………………………………………………………………………………………………………
   …………………………………………………………………………………………………………………………………………
   Job Title: …………………………………………………………………………………………………………………………
   Job Responsibilities: ……………………………………………………………………………………………………………
   Work Station: …………………………………………………………………………………………………………………

Attach Passport size photo
Name of Father: ........................................ Name of Mother: ........................................
His Occupation: ........................................ Her Occupation: ........................................
His Address: ........................................ Her Address: ........................................

Telephone: ........................................ Telephone: ........................................

Name of Brother: ........................................ Name of Sister: ........................................
His Occupation: ........................................ Her Occupation: ........................................
His Address: ........................................ Her Address: ........................................

Telephone: ........................................ Telephone: ........................................

Name of Spouse: ........................................ Name of Next of Kin: ........................................
Husband/Wife: ........................................ Her Occupation: ........................................
His Occupation: ........................................ Her Address: ........................................
His Address: ........................................ Telephone: ........................................
Telephone: ........................................

Name of any other Close Relative: ........................................
His Occupation: ........................................
His Address: ........................................
Telephone: ........................................

11. Secondary Schools And College Attended (Give Dates):
.................................................................................................................................
.................................................................................................................................
.................................................................................................................................
.................................................................................................................................

12. Original certificates presented (*tick whichever is applicable*)
   (i) CSEE/Form IV or Equivalent Documents? ........................
   (ii) ACSEE/Form VI or Equivalent Documents? ........................

13. National Form IV (O-level) Examination or equivalent results:
Examining authority (*tick one*):  NECTA ........................ Index no.: ........................................
                                  FOREIGN ........................
Examination Centre:  ........................................ Country:  ........................................
14. National Form VI (A-level) Examination or equivalent results:

Examining authority (tick one):  NECTA ........................ Index no.: .................................
FOREIGN ........................

Examination Centre: ........................................ Country: ........................................

15. Any Other Education Qualifications (eg. Certificate/Diploma etc) Yes/No .................................

If YES type of qualification .........................................................................................

Year of Graduation ......................... Class or final GPA ........ Index/Reg. No...............................

16. Declaration by Student:

Incorrect information may lead to serious consequences as stated in the admission letter, i.e. cases of impersonation of documents whenever discovered, either at registration or afterwards will lead to automatic cancellation of admission)

(a) I declare that to the best of my knowledge that all the information given in this form is correct.

(b) (i) I DO HEREBY UNDERTAKE to study diligently and seek the truth of knowledge

(c) (ii) I DO HEREBY UNDERTAKE to obey all lawful authorities in the Institute, to observe the regulations of the Institute, TO EXERCISE DISCIPLINE and also to promote the good name of the Institute.

Name of the Student: ............................... Signature: .................. Date: .............
FORM D: VERIFICATION AND REGISTRATION

Student’s name: ..........................................................................................................................

Admission Number: ..................................................................................................................

Admitted programme: ..............................................................................................................

For Official Use Only:

PHYSICAL VERIFICATION OF DOCUMENTS:

<table>
<thead>
<tr>
<th>ITEM</th>
<th>SIGNATURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Verification of authenticity of documents</td>
<td></td>
</tr>
<tr>
<td>(e.g. index: S0000/0000/2019)</td>
<td></td>
</tr>
<tr>
<td>O-level</td>
<td>Index No:</td>
</tr>
<tr>
<td>A-level</td>
<td>Index No:</td>
</tr>
<tr>
<td>Bachelor/Diploma/Cert.</td>
<td>No.</td>
</tr>
<tr>
<td>Verification of Fees</td>
<td></td>
</tr>
<tr>
<td>GePG Receipts No.</td>
<td></td>
</tr>
<tr>
<td>Tuition Fee</td>
<td>Tzs.</td>
</tr>
<tr>
<td>Other Costs</td>
<td>Tzs.</td>
</tr>
</tbody>
</table>

Name of IFM Staff .................................................................signature..............................................

Date .......... / ........../ 2019

NACTE VERIFICATION AND REGISTRATION (For Basic Certificates and Diploma Registrants only)

<table>
<thead>
<tr>
<th>IS THE REGISTRANT NACTE VERIFIED? (Tick appropriate)</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
</table>

Name of IFM Staff .................................................................Signature..............................................

Date .......... / ........../ 2019

ELECTRONIC VERIFICATION OF DOCUMENTS AND ISSUANCE OF REGISTRATION NUMBER

I declare that, all checklist have been see by me electronically and be filled on the basis of the documentary evidence available in respect of statements made in all items above, the registrant is hereby registered

Registration Number: 

Name of IFM Staff: .................................................................Signature..............................................

Date................../............./2019