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 15th 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 **28th October, 2019** for orientation. **New entrants will attend an orientation week from 28th October to 1st 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 4th 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 ACCOMMODATION**
   Spaces in the Institute’ 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.
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)**
   (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. **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.

15. **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.

16. **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.

17. **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.

18. **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.

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

20. 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.

21. 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.

22. 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 field work fees may be paid in the first semester.
(iii) No student will be allowed to attend classes or to sit for any tests or examinations if the tuition fee is not paid as required.
(iv) It is the 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: TUITION FEES FOR LOCAL STUDENTS

<table>
<thead>
<tr>
<th>ITEMS (Tzs.)</th>
<th>Postgraduate Diploma</th>
<th>IFM Master Degrees *</th>
</tr>
</thead>
<tbody>
<tr>
<td>TUITION FEE</td>
<td>2,000,000</td>
<td>4,800,000</td>
</tr>
<tr>
<td>IFMSO</td>
<td>10,000</td>
<td>10,000</td>
</tr>
<tr>
<td>CAUTION MONEY (1** Yr)</td>
<td>50,000</td>
<td>50,000</td>
</tr>
<tr>
<td>REGISTRATION FEE (1** Yr)</td>
<td>50,000</td>
<td>50,000</td>
</tr>
<tr>
<td>ID CARD (1** yr Replacement)</td>
<td>20,000</td>
<td>20,000</td>
</tr>
<tr>
<td>FIELD WORK / RESEARCH PROJECT</td>
<td>300,000</td>
<td>-</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>2,430,000</strong></td>
<td><strong>4,930,000</strong></td>
</tr>
</tbody>
</table>

Note: * IFM Master Degrees include: MSc. Accounting and Finance, MSc. Finance and Investment, MSc. Human Resources Management, MSc. Social Protection Policy and Development and MSc Insurance and Actuarial Science

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

POSTGRADUATE DIPLOMA PROGRAMMES

<table>
<thead>
<tr>
<th></th>
<th>1** Installment During Registration Period</th>
<th>2** Installment Beginning of 2** Semester</th>
<th>GRAND TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEE PERCENTAGE + OTHER COSTS</td>
<td>60% + 130,000/= (Reg., Caution Money, Student ID and IFMSO)</td>
<td>40%</td>
<td>100% + 130,000/=</td>
</tr>
<tr>
<td>LOCAL STUDENTS</td>
<td>Tzs. 1,330,000/=</td>
<td>Tzs.1,070,000/=</td>
<td>Tzs. 2,430,000/=</td>
</tr>
<tr>
<td>FOREIGN STUDENTS (OUTSIDE EAST AFRICA)</td>
<td>USD 1200 + Tzs.130,000/=</td>
<td>USD 800 + Tzs.300,000/=</td>
<td>USD 2000 + Tzs.430,000/=</td>
</tr>
</tbody>
</table>
MASTER’S DEGREE PROGRAMMES:

<table>
<thead>
<tr>
<th>ITEMS</th>
<th>On registration period</th>
<th>On or before Test One of 1st Block</th>
<th>Before of beginning of 2nd semester</th>
</tr>
</thead>
<tbody>
<tr>
<td>FEE AND OTHER COST PAYMENT SCHEDULES</td>
<td>30% + 130,000/= (Reg., Caution Money, Student ID and IFMSO, &amp; NACTE Exam fees)</td>
<td>30% of Tuition Fee</td>
<td>40% of Tuition Fee</td>
</tr>
<tr>
<td>LOCAL STUDENTS</td>
<td>Tzs. 1,570,000/=</td>
<td>Tzs. 1,470,000/=</td>
<td>Tzs. 1,890,000/=</td>
</tr>
<tr>
<td>FOREIGN STUDENTS (OUTSIDE EAST AFRICA)</td>
<td>US$1500 + US$130</td>
<td>US$1500</td>
<td>US$1800</td>
</tr>
</tbody>
</table>

PROPOSED COST PAYABLE DIRECT TO STUDENTS (FOR MASTERS AND POSTGRADUATE DIPLOMA PROGRAMMES)

<table>
<thead>
<tr>
<th>Item</th>
<th>Cost per Year (Tzs.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stationary</td>
<td>200,000/=</td>
</tr>
<tr>
<td>Books</td>
<td>500,000/=</td>
</tr>
<tr>
<td>Stipend</td>
<td>3,570,000/=</td>
</tr>
<tr>
<td>Research Production</td>
<td>3,000,000/=</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>7,270,000/=</strong></td>
</tr>
</tbody>
</table>
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>Other Names</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Faculty</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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                         |
| 6. Allergic disorder             | 20. Skin disease                    |
| 7. Heart disease Gastric or duodenal ulcer | 21. Epilepsy                        |
| 8. Recurrent indigestion         | 22. Poliomyelitis or other neurological disorder |
| 10. Psychiatric disorder         | 24. 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

| Height (cm)                      | 8. Cardiovascular system:          |
| Skin disease                     | Blood Pressure: Systolic           |
| Weight (kg)                      | Diastolic:                         |
| Eyes:                           | Heart: Any Mummer?                |
| Conjunctives                     | Arteries and Veins                |
| Pupils                          | Respiratory System:               |
| Vision: Without glasses:         | Lung fields                        |
| Right:                          | Abdomen:                           |
| Left:                           | Hernia                             |
| With glasses:                   | Hydrocele                          |
| Right:                          | Masses                             |
| Left:                           | Kidneys                            |
| Any abnormality                 | Spleen                             |
|                                 | Liver                              |
|                                 | Any clinical evidence of hyperacidity or gastric duodenal ulcer? |
C: LABORATORY TEST

1. Urine:
   - Albumin ……………………………..
   - Sugar ………………………………
   - Leucocytes ………………………..

2. Blood Examination:
   (a) Hb Level …………………………
   (b) Neutrophils: ……………………..
   (c) Eosinophils: ……………………..
   (d) Basophils: ………………………
   (e) Lymphocytes: ……………………
   (f) Monocycles: ……………………..
   (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)

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:……………………………………………………………………. 

Address: …………………………..
………………………..
………………………..

______________________________
Official stamp or seal

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
FORM A:  REG. NO:  …………………….  

STUDENTS REGISTRATION FORM (POSTGRADUATE DIPLOMA AND MASTER DEGREE’S 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  

10
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:
   Examing authority (tick one): NECTA ...................... Index no.: ...........................................
   FOREIGN ......................
   Examination Centre: ........................................... Country: ...........................................
14. National Form VI (A-level) Examination or equivalent results:

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

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

15. Other Education Qualifications (eg. Certificate/Diploma/Degree/Postgraduate 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 (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>GePG Receipts No.</td>
</tr>
<tr>
<td>Tuition Fee</td>
<td></td>
</tr>
<tr>
<td>Other Costs</td>
<td></td>
</tr>
</tbody>
</table>

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

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

ELECTRONIC VERIFICATION OF DOCUMENTS AND ISSUANCE OF REGISTRATION NUMBER

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

Student’s Registration Number: 

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

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