

INSTITUTE OF SOCIAL WORK

Phone: 2700918/2774443

Fax: 2701375

Email: info@isw.ac.tz

Website: www.isw.ac.tz



210 Shekilango Road

P.O. Box 3375

14113 Kijitonyama

Dar Es Salaam.

ADMISSION NO. ISW/BSW/.....

05/09/2024

.....

RE: JOINING INSTRUCTIONS FOR BACHELOR DEGREE IN SOCIAL WORK - KISANGARA CAMPUS

We are pleased to inform you that you have been selected to join a **THREE-YEAR Bachelor Degree in Social Work** at the Institute of Social Work for the 2024/2025 academic year. On behalf of the Board of Governors, the Management congratulates you for your success. You are required to report to the Institute of Social Work-Kisangara Campus on 21st October, 2024 for orientation and registration.

1.) Conditions for Registration

a) Payment of tuition fee

Prospective students are required to pay tuition fee in four installments. To be registered, they should pay full amount of the first installment (see payment schedule in the attached fee structure). Medical insurance (NHIF) is **mandatory**. You are required to either pay the prescribed amount or produce a valid insurance card at registration. Failure to do so disqualifies you from registration. **Please note that fees paid shall not be refundable under any circumstances. Note also that students aged 18 years and above are required to have a National ID number to register successfully with NHIF (This is a MUST HAVE).**

b) Mode of Payment

All payment should be done through the Student Information Management System (SIMS). Ensure you get Control Numbers from the Government electronic Payment Gateway (GePG). **Don't pay through our help desk lines below.** Payment procedures are as follows:

- i) Go to Institute website www.isw.ac.tz and click **Student Information Management System**
- ii) Log into SIMS by entering your Admission Number as **Username** and your surname in CAPITAL LETTERS as **Password**
- iii) Click the **Payment** button
- iv) Click **Fee Structure** button, after selecting your Academic Year, Program and Class, then Click **Preview Invoice** button

v) Select your **mode of Payments Control Number** where all payment instructions are clearly indicated. For Further assistance, please Call our help desk lines 0677111200/0735509090.

c) Medical Examination

Registration of prospective students is subject to provision of satisfactory medical report from a recognized or registered medical practitioner. The forms should be submitted to the Institute during the orientation period.

d) Original and Photocopies of Certificates

All prospective students are supposed to come with original and copies (2) of Birth and Academic Certificates.

e) Passport Size Photographs

All prospective students should bring with them four colored passport size photographs taken recently.

f) Letter of Acceptance

Each prospective student has to sign and return the acceptance letter on arrival at the Institute.

2. Adherence to Institute's Rules, Regulations and by-laws

Prospective students are admitted into the Institute on the understanding that they will adhere to its rules, regulations and by-laws as clearly stipulated in the Institute Prospectus and Examinations Regulations. As such, the Institute expects students' behavior both on and off campus to be ethically accepted. **NOTE: Institute of Social Work students shall always be expected to dress decently. Shoes allowed as part of the dress code must be black and covered. Sandals are strictly not allowed within the campus premises.**

3. Additional Information

(a) Traveling Arrangements

Your employer/sponsor/parent will be responsible for all your travel costs to and from the Institute during vacations. Students **are not** allowed to stay at the Institute during long vacations.

(b) Hostel Accommodation

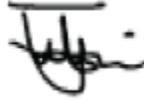
The Institute has limited accommodation services within the campus. Students are encouraged to make bookings in advance via hosted application form available on the website. The Institute Hostel fee is TZS. 380,000/- per year. However, there are private hostel services for students near the Institute ranging approximately from TZS. 400,000/- to TZS. 500,000/- per year. **It is mandatory for all female students to reside in campus hostel.**

(c) Meals

The Institute has a cafeteria. All students are encouraged to have their meals in the cafeteria to avoid eating in unhygienic places. Each student bears his/her own cost for his/her daily meals.

Once again, I welcome you to the Institute and wish you a good stay for the entire duration of your studies.

All the best,



Dr. Joyce Nyoni
RECTOR



LETTER OF ACCEPTANCE

I do hereby
(Full Name)

Accept/do not accept the offer given to me to pursue the course applied for at the Institute of Social Work, Dar es Salaam. I shall abide to all terms and conditions of the Institute's Regulations. I also accept the offer of a hostel outside the Institute.

Signature:

Date:

SPONSORSHIP

I

of

do agree to sponsor.....

for the course he/she has (Name of Student) applied for at the Institute of Social Work, Dar es Salaam.

Signature and official Stamp.....

Date:.....

This form must be returned to the Institute of Social Work on arrival.

Note that no student will be registered without producing a receipt showing that the cost payable to the Institute has been paid.

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REQUEST FOR MEDICAL EXAMINATION

PART A: TO BE COMPLETED BY THE STUDENT

FULL NAME (IN BLOCK CAPITALS)	SEX <input type="checkbox"/> M <input type="checkbox"/> F
ADDRESS	DATE OF BIRTH NATIONALITY

FAMILY HISTORY

Have any member of your family had the following illnesses or disorders?	Yes	No
High Blood Pressure	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disease	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy	<input type="checkbox"/>	<input type="checkbox"/>
Mental Disorders	<input type="checkbox"/>	<input type="checkbox"/>
Paralysis	<input type="checkbox"/>	<input type="checkbox"/>

PART B: TO BE COMPLETED BY A MEDICAL DOCTOR/OFFICER

Hospital

Please examine the above named as to his/her fitness for admission as a student at the Institute of Social Work.

Check +Ve or -Ve											
	+Ve	-Ve		+Ve	-Ve		+Ve	-Ve		+Ve	-Ve
Frequent sore throats	<input type="checkbox"/>	<input type="checkbox"/>	Heart and blood vessel disease	<input type="checkbox"/>	<input type="checkbox"/>	Urinary disorder	<input type="checkbox"/>	<input type="checkbox"/>	Fainting spells	<input type="checkbox"/>	<input type="checkbox"/>
Hay fever	<input type="checkbox"/>	<input type="checkbox"/>	Ulcer of stomach or duodenum	<input type="checkbox"/>	<input type="checkbox"/>	Kidney trouble	<input type="checkbox"/>	<input type="checkbox"/>	Shortsighted or longsighted	<input type="checkbox"/>	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Jaundice	<input type="checkbox"/>	<input type="checkbox"/>	Physical Disability	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis	<input type="checkbox"/>	<input type="checkbox"/>	Gall stones	<input type="checkbox"/>	<input type="checkbox"/>	Back pain	<input type="checkbox"/>	<input type="checkbox"/>	Others (Please specify)		
Pneumonia	<input type="checkbox"/>	<input type="checkbox"/>	Hernia	<input type="checkbox"/>	<input type="checkbox"/>	Joint problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pleurisy	<input type="checkbox"/>	<input type="checkbox"/>	Haemorrhoids	<input type="checkbox"/>	<input type="checkbox"/>	Skin disease	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Repeated bronchitis	<input type="checkbox"/>	<input type="checkbox"/>	Malaria	<input type="checkbox"/>	<input type="checkbox"/>	Sleeplessness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	Amoebix dysentery	<input type="checkbox"/>	<input type="checkbox"/>	Nervous or mental disorder	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	Gonorrhoea	<input type="checkbox"/>	<input type="checkbox"/>	Headaches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments (Please comment on findings)

Conclusions (Please state your opinion on the physical and mental fitness)

Name of the examining physician (in block capitals):	Signature:
Address:	Date: (d/m/y):

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Attention to: ALL STUDENTS
INSTITUTE OF SOCIAL WORK FEE STRUCTURE/ PAYMENT SCHEDULE 2024/2025

S/No	Description	Master' s Degree in Social Work Foundation	Master' s Degree in Social Work Advance (1 - Year program)	Master' s Degree in Human Resource (2 Years Program)	Master' s Degree in Labour Laws, Mediation and Arbitration	Post Graduate Diploma (1 - Year program)	Bachelor Degree		Ordinary Diploma	Technician Certificate	Basic Technician Certificate
							NTA Level 7(2 nd year) and 8	NTA Level 7			
1	Tuition Fee	1,980,000	4,030,000	3,500,000	3,500,000	1,849,000	1,279,000	1,279,000	984,000	984,000	794,000
2	Admission/Registration	70,000	70,000	70,000	70,000	70,000	35,000	35,000	25,000	25,000	25,000
3	Research/Project supervision	-	500,000	500,000	500,000	-	-	-	-	-	-
4	NACTVET Fee	25,000	25,000	25,000	25,000	-	25,000	25,000	20,000	20,000	20,000
5	Library Fee	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
6	Wear and Tear	50,000	50,000	50,000	50,000	13,000	-	13,000	-	13,000	13,000
7	Identity Card	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
8	Prospectus	20,000	20,000	20,000	20,000	20,000	-	20,000	-	20,000	20,000
9	Sports and Games	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000	10,000
10	Student Union	15,000	15,000	15,000	15,000	13,000	13,000	13,000	13,000	13,000	13,000
11	NHIF Card*	-----	-----	-----	-----	-----	50,400	50,400	50,400	50,400	50,400
12	Defense Logistic	-	150,000	150,000	150,000	-----	-----	-----	-----	-----	-----
13	Total	2,190,000	4,890,000	4,360,000	4,360,000	1,995,000	1,432,400	1,465,400	1,122,400	1,155,400	965,400

* Paid in case one doesn't have NHIF Card/Membership

PAYMENT SCHEDULE FOR BACHELOR DEGREE PROGRAMMES

Payment Date	NTA Level 7	NTA Level 7 (2nd year) and NTA level 8
1st Installment	506,150	473,150
2nd Installment	319,750	319,750
3rd Installment	319,750	319,750
4th Installment	319,750	319,750
Total	1,465,400	1,432,400

NOTE: The New Payment Schedule is effective from 2024/2025 Academic Year.

Issued by:
Chief Accountant
Institute of Social Work