

INSTITUTE OF SOCIAL WORK

Phone: 2700918/2774443
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Website: www.isw.ac.tz



210 Shekilango Road
P.O. Box 3375
14113 Kijitonyama
Dar Es Salaam.

ADMISSION NO. ISW/MSW/F/.....

05/08/2024

.....

RE: JOINING INSTRUCTIONS FOR MASTER DEGREE IN SOCIAL WORK - FOUNDATION

We are pleased to inform you that you have been selected to join a **Master Degree in Social Work(Foundation)** at the Institute of Social Work for the academic 2024/2025. On behalf of the Board of Governors, the Management would like to take this opportunity to congratulate you for being selected. Therefore, you are required to report to the Institute of Social Work on 21st October, 2024 for orientation and registration.

1. Conditions for Registration

a) The total tuition fee for the program is **2,190,000/=** to be paid in installments for a student to be registered. The installments include tuition fees, registration fees, student union fees, sports and games as per the attached fee structure. **Please note that fee once paid is nonrefundable.**

b) Lectures will be conducted from 16:00 pm-22:00 pm Monday to Friday

c) Mode of Payment

All payments should be made through the Student Information Management System (SIMS). Payment procedures are as follows:

- i) Go to the Institute website www.isw.ac.tz and click **Student Information Management System**
- ii) Log into SIMS by entering your form four index number as **Username** and your surname in CAPITAL LETTERS as **Password**
- iii) Click the **Payment** button
- iv) Click the **Fee Structure** button after selecting your Academic year, Program, and Class then Click the **Preview Invoice** button
- v) Select your **mode of Payment Control Number** where all payment instructions are indicated. **Note:** Students with a valid health insurance card should not select payment of NHIF to be included in the invoice.

For further assistance, please call **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 reports 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 both Birth and Academic Certificates for verification.

e) Passport Size Photographs

All prospective students should bring with them four colored passport size photographs taken recently. These photographs are for registration purposes and student identity cards.

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, in accepting the admission, they will adhere to its rules, regulations and by-laws as clearly stipulated in the Institute Prospectus (2023/2024/2024/2025). 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.**

3. Additional Information

(a) Travel 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

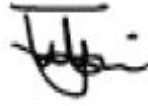
The Institute has limited services within the campus. Students are encouraged to make advanced bookings. However, there are private hostel services for students near the Institute. The Institute Hostel fee is Tsh. 380,000/- per year.

(c) Meals

The Institute has a cafeteria and all students are encouraged to have their meals in the cafeteria to avoid eating in unhygienic places. Each student is advised to bring enough money 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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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"/>
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"/>
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"/>
Rheumatic fever	<input type="checkbox"/>	<input type="checkbox"/>	Amoebic dysentery	<input type="checkbox"/>	<input type="checkbox"/>	Nervous or mental disorder	<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"/>

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	Master's Degree in Labour Laws, Mediation and Arbitration	Post Graduate Diploma (1 - Year program)
			NTA Level 9			
1	Tuition Fee	1,980,000	4,030,000	3,500,000	3,500,000	1,849,000
2	Admission/Registration	70,000	70,000	70,000	70,000	70,000
3	Research/Project supervision	-	500,000	500,000	500,000	-
4	NACTVET Fee	25,000	25,000	25,000	25,000	-
5	Library Fee	10,000	10,000	10,000	10,000	10,000
6	Wear and Tear	50,000	50,000	50,000	50,000	13,000
7	Identity Card	10,000	10,000	10,000	10,000	10,000
8	Prospectus	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	Student Union	15,000	15,000	15,000	15,000	13,000
11	NHIF Card*	-----	-----	-----	-----	-----
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

PAYMENT SCHEDULE FOR MASTER & POSTGRADUATE PROGRAMS

Payment Date	Master's Degree in Social Work - Advanced	Master's Degree in Social Work- Foundation	Master's Degree in Strategic Human Resource Management	Master's Degree in Labour Laws, Mediation and Arbitration	Postgraduate Diploma in Law, Mediation and Arbitration
1st Installment	1,867,500	705,000	1,443,500	1,443,500	608,250
2nd Installment	1,007,500	495,000	583,500	583,500	462,250
3rd Installment	1,007,500	495,000	583,500	583,500	462,250
4th Installment	1,007,500	495,000	583,500	583,500	462,250
5th Installment			583,000	583,000	
6th Installment			583,000	583,000	
Total	4,890,000	2,190,000	4,360,000	4,360,000	1,995,000

PAYABLE DIRECTLY TO STUDENTS

No.		Postgraduate Diploma	Master Degree 1-Year program in Social Work)	Master Degree 2-Year program in Social Work)	Master Degree 2-Year program in Strategic Human Resource Mgt)	Master Degree 2-Year program in Labour Laws, Mediation and Arbitration)
1	Meals allowances	2,142,000	3,570,000	3,570,000	3,570,000	3,570,000
2	Accommodation	600,000	600,000	600,000	600,000	600,000
3	Book and stationary	800,000	1,500,000	1,500,000	1,500,000	1,500,000
4	Scientific Calculator	50,000	50,000	50,000	50,000	50,000
5	Medical allowances	110,000	110,000	110,000	110,000	110,000
6	Field Allowances	-	-	-	-	-
7	Thesis/Research Cost	500,000	2,000,000	2,000,000	2,000,000	2,000,000

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

Issued by:
Chief Accountant
Institute of Social Work