



THE UNITED REPUBLIC OF TANZANIA  
MINISTRY OF COMMUNITY DEVELOPMENT, GENDER,  
WOMEN AND SPECIAL GROUPS  
**INSTITUTE OF SOCIAL WORK**



ADMISSION NO. ISW/BBA/.....

08/09/2026

.....

RE: **JOINING INSTRUCTIONS FOR BACHELOR DEGREE IN BUSINESS  
ADMINISTRATION**

We are pleased to inform you that you have been selected to join a **THREE-YEARS Bachelor Degree in Business Administration** at the Institute of Social Work for the 2026/2027 academic year. On behalf of the Board of Governors, the Management congratulates you for your success. You are required to report to the Institute on 26<sup>th</sup> October, 2026 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](http://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. 600,000/- to TZS. 750,000/- per year.

**(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.

**(d) Laptop**

You are advised to bring with you a laptop to enable you access online materials anywhere, at any time.

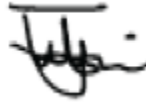
**(e) Requirements for Students with Special Needs**

Every student with special needs is advised to report with the necessary assistive devices and equipment that will support their learning process and enable them to successfully

pursue their studies.

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: .....

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## SPONSORSHIP

I .....

of .....

do agree to sponsor.....(Name of Student)  
for the course he/she has been admitted into 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<br><input type="checkbox"/> M <input type="checkbox"/> F |
| ADDRESS                       | DATE OF BIRTH<br>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"/> | Amoebic 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 2026/2027**

| S/No | Description                                                                                                              | Master Degree in Social Work | Master' s Degree in Human Resource (2 Years Duration) | Master' s Degree in Labour Laws, Mediation and Arbitration | Post Graduate Diploma (1 Year Duration) | Bachelor Degree                         | Bachelor Degree  | Ordinary Diploma | Technician Certificate | Basic Technician Certificate |
|------|--------------------------------------------------------------------------------------------------------------------------|------------------------------|-------------------------------------------------------|------------------------------------------------------------|-----------------------------------------|-----------------------------------------|------------------|------------------|------------------------|------------------------------|
|      |                                                                                                                          | NTA Level 9                  | NTA Level 9                                           | NTA Level 9                                                |                                         | NTA Level 7(2 <sup>nd</sup> year) and 8 | NTA Level 7      | NTA Level 6      | NTA Level 5            | NTA Level 4                  |
| 1    | Tuition Fee                                                                                                              | 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                                  | 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           | 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                       |
| 6    | Wear and Tear                                                                                                            | 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                       |
| 8    | Prospectus                                                                                                               | 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   | Student Union                                                                                                            | 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   | <b>Total</b>                                                                                                             | <b>4,890,000</b>             | <b>4,360,000</b>                                      | <b>4,360,000</b>                                           | <b>1,995,000</b>                        | <b>1,432,400</b>                        | <b>1,465,400</b> | <b>1,122,400</b> | <b>1,155,400</b>       | <b>965,400</b>               |
|      | <b>* Paid in case one does not have NHIF Card/Membership OR any other recognized form of health insurance coverage."</b> |                              |                                                       |                                                            |                                         |                                         |                  |                  |                        |                              |

**PAYMENT SCHEDULE FOR BACHELOR DEGREE PROGRAMMES**

| Payment Date | NTA Level 7(1 <sup>st</sup> year) | NTA Level 7 (2 <sup>nd</sup> year) and NTA level 8 |
|--------------|-----------------------------------|----------------------------------------------------|
|--------------|-----------------------------------|----------------------------------------------------|

|                        |                  |                  |
|------------------------|------------------|------------------|
| <b>1st Installment</b> | 506,150          | 473,150          |
| <b>2nd Installment</b> | 319,750          | 319,750          |
| <b>3rd Installment</b> | 319,750          | 319,750          |
| <b>4th Installment</b> | 319,750          | 319,750          |
| <b>Total</b>           | <b>1,465,400</b> | <b>1,432,400</b> |

**Issued by:**  
*Chief Accountant*  
*Institute of Social Work*