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**Education for Building the Community**

Box 7756, Mwanza, Tanzania

**Phone No**: 0765-828-384, 0653-419-559

**Email**: wesleycollegeTZ@gmail.com

**Website**: www.wesleycollegetz.com

**JOINING INSTRUCTION FOR DIPLOMA PROGRAMS FOR ACADEMIC**

**YEAR 2019/2020**

**Name of the Student.............................................................................................................**

**Course.......................................................... Intake..............................................................**

**Postal address.....................................Email .........................Phone No................................**

**DAY...................................................HOSTEL.......................................................................**

**BUSINESS ADMINISTRATION AND COMMUNITY DEVELPOMENT (BA, CD).2019**

 Dear prospective student, thank you for selecting our college.

**RE: ADMISSION & JOINING INSTRUCTION FOR DIPLOMA PROGRAMS DAY AND BOARDING AT WESLEY COLLEGE.**

**TWO YEARS DIPLOMA COURSE IN BUSINESS ADMINISTRATION OR COMMUNITY DEVELOPMENT.**

It’s our pleasure to inform you that you have been selected for two years Diploma course in .................................................................................Date of reporting ....................................at Wesley College in Mwanza City Nyamagana district. In order to commence your studies, your required to report at the college on 15th September 2019 for registration. Please note that you are supposed to register within one week from the mentioned date, otherwise your selection shall be cancelled. The overall requirements and procedures for enrolment are indicated in this admission form. Please read them carefully.

The following are necessary conditions for admission

1. **Declaration regarding the course**

All candidates confirming acceptance of vacancies in this college must undertake to complete the course unless required to do otherwise by the college.

1. **Medical examination (Medical *examination form the last page*)**

Admission into the college is conditional upon a satisfactory medical reporting being received by the college. Students are therefore asked to undergo medical examination by a qualified medical professional.

1. **Registration and course commencement**

Registration will start on **July, 2019** and continue until **September, 2019**. The course will commence September, 2019. If you cannot report on these dates for any reasons please inform us immediately, otherwise we shall assume that you have opted not to attend the course and the vacancy will be filled by other candidates/students

1. **Requirements**
2. The candidate at least should have four (4) passes in any subject including pass mathematics and English subject for Business administration and any subject for community development.
3. Two (2) passport size photographs taken recently for registration
4. National form four (4) certificate (or Result slip for those who completed in any year)
5. Birth certificate/affidavit
6. Leaving certificate
7. Any other relevant certificate supporting your qualification
8. Medical examination form
9. Bank slip after the payment

**NOTE**

* Names to be registered are those appearing in your National form four certificate. No changes of names will be accepted after registration.
* Submission of forged certificate on any false documents is criminal offence.
* At the time of registration, all certificates must be original (not photocopy) any candidate without original certificate will not be registered.
* Foreign students should obtain a study permit from immigration office and results equivalent from NECTA
1. **Discipline**

Student admitted to Wesley College are expected to observe and abide by the student by-laws of this college, examination regulations, and any other lawful orders given by the lecturers or any person in authority. Failure to observe or comply with any lawful order may lead to summary dismissal from the college.

**FEE STUCTURE PAYABLE TO THE WESLEY COLLEGE**

Mode of payment

All fees should be paid after obtaining an invoice from student’s academic registra. All payment should be made at **CRDB BANK,** ACCOUNT NO**: 0150271808100**, ACCOUNT NAME**: WESLEY UNIVERSITY.**

**DIPLOMA PAYMENTS**

*Fee must be paid in the following modes be qualification for registration.*

**Table**

|  |  |  |  |
| --- | --- | --- | --- |
| **INSTALMENT** | **ITEMS** | **CERITICATE COURSE****B.A C.D** | **DEADLINE FOR PAYMENTS** |
| **FIRST -SEMISTER** | Tuition fee 500,000/=Registration & Examination fee = 50,000ID 5,000/=T-shirt 10,000/=Student activity=20,000/=Medical allowance per year 50,400/= |  |  |  |
|  |  **TOTAL - 635,400/=** |  |  |  |
| **SECOND-SEMISTER** | Tuition fee Graduation fee | **400,000/=****50,000/=** |  |  |
|  |  **TOTAL - 400,000/=** |  |  |  |

**Indicative direct cost for certificate programs. Student should have/pay**

|  |  |  |  |
| --- | --- | --- | --- |
| **INSTALMENT** | **ITEM** |  | **DEADLINE FOR PAYMENT** |
|  | **Cost item** | **Local TShs** |  |
|  | College hostel per year excluding meals\*First semester\*Second semester  | **400,000/=***200,000/=**200,000/=* |  |

\*Contribution of Tsh 50,400/= shall be compulsory for students who do not have other **medical insurance** and shall be through our account number to **CRDB BANK**. In first semester

**NB:** It is expected that all sponsors will adhere to the above payment schedule. Failure to adhere to this schedule will amount to the respective sponsor to be barred from attending classes or sitting for test/examination.

I,……………………………………………………., do hereby declare that I have read and understood these Joining Instructions and promise to abide by the conditions specified therein. I also declare that all the documents/information I have submitted to the college are genuine and or true to the best of my knowledge.

Signature: ………………….……....................Date: …………..……………...................Place: ………….………………

**STUDENT’S ACCEPTANCE OF ADMISSION TO WELSEY COLLEGE.**

I accept admission as a student for the 2018/2019 academic year at Wesley College in Mwanza. I promise that I will work hard during the course and I will continue with my studies at the college for the entire period of the course unless l am dismissed by the lecturer or any other person holding authority duty given to him by the Government Body of the college. I declare that I have committed no crime(s) which can disrupt my studies at Wesley College.

Full name: ..................................................................

Signature, ................................................................

Witness by, ...............................................................

Relation..................................................................

On behalf of...........................................................

Date.......................................................................

**Employer’s /Sponsor’s Certificate**

We approve the Sponsorship of the above candidate to undertake the Certificate course

and confirm that he/she will be released from duties to attend the course

We further confirm that this /Company/Organization/Ministry/Family will sponsor the

Student and pay the College fees. We also know that fees once paid will not be

refunded under any circumstances.

Name ………………………………………………………………………………….

Signature ……………………………………………………………………………

Relationship……………………………………………………………………….

Address……………………………………………………………………………..

Date…………………………………………………………………………………….

**STUDENT DRESS CODE**

**INTRODUCTION**

Wesley College is like many other institutions of higher education. Learning is committed to nurture and empower students to emerge as educated, responsible, service-oriented and respected members of the society. The dress and manners of any student reflect the general image of an institution. With such realization, students are expected at all times to dress properly befitting the status of the College. In an effort to curb socially undesirable and indecent dressing, this dress code must be read and observed by all students.

**STUDENT’S DRESS CODE**

Students are expected to appear neat, uphold high standards of conduct and

behaviour both on and off campus. They should portray moral and ethical behaviour, conducting themselves with pride and respect.

**Students are strictly not allowed to wear the following: -**

1. Jeans with holes
2. Mesh type of see-through clothes
3. Trousers hanging under the buttocks (Mlegezo)
4. Very tight trousers, skirts, blouses
5. Dress/skirts with excessive slit (Mpasuo)
6. Any dress that leaves the stomach, waist, chest, and or back open
7. Shorts or skirts that do not cover the knees when seated
8. Earrings for men
9. Unbuttoned shirts
10. Any type of dress that cover the entire face
11. Pajamas, flip flops or slippers outside the residence halls
12. Any kind of dressing that leaves underwear visible
13. Any kind of dressing that leaves the breasts open/visible.
14. Hats or caps worn back ward

……………………………………… (Student) accept the College Students’ Dress

Code and Disciplinary Measures for violating the dress code and I will accept any action

taken by the College.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STUDENT

SIGNATURE

I …………………………………………… (Parent/guardian/sponsor)

Of………………………….................. accept the College Students’ Dress Code and Disciplinary

Measures for violating the dress code and I will accept any action taken by the College

Against a student.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN

SIGNATURE

**STUDENT’S MEDICAL EXAMINATION FORM**

NAME OF THE STUDENT (in full)……………………………………………………..............

Nationality………………………Age…………Sex…………Marital Status…..………………

PERSONAL HISTORY

Has examine suffered from any of the following? If yes indicate data and diagnosis. If not please write “NO” in appropriate space.

a) Tuberculosis ………………………………………………………………………………

b) Other respiratory diseases …………………………………………………………..

c) Cardiac Disease ……………………………………………………………………….

d) Gastro – Intestinal disease………………………………………………………………

e) Renal or Genitor Urinary disease ……………………………..………………………

f) Syphilis or Gonorrhea ………………………………………….………………………

g) Emotional disease or psychosis ………………………………………………………

h) Serious Injuries ………………………………………………………………………….

i) Allergies ………………………………………………………………………………….

j) Any fits ……………………………………………………………………………………

k) Leprosy …………………………………………………………………………………

**PHYSICAL EXAMINATION**

1. Height …………………………… 2. Weight…………………………………………..

Chest – Lungs

 Heart………………………………………

 BP ……………………………………………………….

Abdomen

 Organs …………………………………………………………………………..

 Other Mass ………………………………………………………………………..

 Pregnancy ………………………………………………………………….

5. Skin disease ………………………………………………………………………….

6. Eyes: Conjunctive ………………………. Pupils …………………………………….

Sight: Without glasses …………….. Right ……………… Left …………………

Sight: With glasses ……………….. Right ………………… Left ………………..

7. ENT…………………………………………………………………………………………..

8. LAB INVESTIGATIONS

a) ESR ……… WBC ……………. B/S ………….. Stool ………….. Urine ………….

b) S.T.I. ………………………………………………………………………….

9. Any Physical challenges of the Prospective student plus the Doctors recommendations ………………………………………………………………………………………..

DOCTOR’S RECOMMENDATIONS:

I have examined Mr./Mrs./Miss ……………………………..……………..…..and considered that he/she is FIT/NOT FIT to be enrolled as a student at MoCU.

Name of the Doctor.....……………………………………………………………..

Title ……………………………………………..

Qualifications ………………………………. (Official Stamp)

Signature……………………………………..

Date: …………………………………………