

Education for Building the Community

Box 11954, Mwanza, Tanzania

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JOINING INSTRUCTION FOR SOCIAL WORK PROGRAM FOR BOTH CERTIFCATE AND DIPLOMA LEVEL FOR ACADEMIC YEAR 2024/2025.

Name of the Student			
Course			
Postal address			
DAY			
Morning Programme	Evening Prog	ramme	
BUSINESS ADMINISTRAT	TION AND COMMUN	IITY DEVELPOMENT (B.	A. CD).2024
Dear prospective student, Cong		(2.	, , , , , , , , , , , , , , , , , , , ,
It is a pleasure to inform you t	•		•
	Date	of reporting	at
Wesley College in Mwanza City	, •		
required to report at the colle supposed to register within or	•	•	•
shall be cancelled. The overall		•	•
this admission form. Please rea	•		a.
	•		

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.

2 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.

3 Registration and course commencement

Registration will start on **07/10/2024** and continue until **18/10/2024**. The course will commence **07/10/2024**. 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

4 Entry Requirements for certificate and diploma applicants

- I. For Certificate program applicants should at least have four (4) D passes in any subject except religious studies.
- II. For Diploma program applicants should have NTA level 4 certificate in social work with a GPA of 2.0 PASS or any other related program with similar GPA. Or an A Level certificate with one Principal Pass and one Subsidiary Pass.
- III. Two (2) passport size photographs taken recently for registration
- IV. National form four (4) certificate (or Result slip for those who completed in any year)
- V. Birth certificate/affidavit
- VI. Leaving certificate
- VII. Any other relevant certificate supporting your qualification
- VIII. Medical examination form
- IX. 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

6. 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 STRUCTURE FOR CERTIFICATE AND DIPLOMA LEVEL PAYABLE TO THE WESLEY COLLEGE

Mode of payment

All fees should be paid after obtaining an invoice from student's academic registrar.

All payment should be made at CRDB BANK, ACCOUNT NO: 0150271808100,

ACCOUNT NAME: WESLEY UNIVERSITY.

WECOSO payment should be made at CRDB BANK, ACCOUNT NO. 0133646067300

ACCOUNT NAME: WECOSO.

PAYMENTS

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

		COSTS		DEADLINE
INSTALMENTS	ITEMS	Certificate Level	Diploma Level	FOR PAYMENTS
	Tuition fee	400,000/=	500,000/=	
	Quality Assurance Fee	20,000/=	20,000/=	
FIRST SEMESTER	Examination	180,000/=	180,000/=	
	ID Card	5,000/=	5,000/=	
	T-shirts	10,000/=	10,000/=	
	Student Activity	20,000/=	20,000/=	
	WECOSO Fee	20,000/=	20,000/=	
	Medical allowance per year	50,400/=	50,400/=	
	TOTAL	705,400/=	805,400/=	
SECOND SEMESTER	Tuition fee	400,000/=	500,000/=	
	Graduation fee (must be paid in second year)	50,000/=	50,000/=	
	TOTAL	450,000/=	550,000/=	

^{*}Contribution of Tsh 50,400/= shall be compulsory for students who do not have medical insurance and shall be paid through account number **0150271808100** and account name **WESLEY COLLEGE** to CRDB BANK in first semester.

^{*}Contribution of Tsh 20,000/= as WECOSO FEE should be paid to CRDB BANK in first semester through account number **0133646067300** and account name **WECOSO**.

•	amount to the respec	the above payment schedule. Failure to tive sponsee to be barred from attending		
understood these Joining Inst	ructions and promise to cuments/information I	, do hereby declare that I have read and o abide by the conditions specified therein. have submitted to the college are genuine		
Signature:	Date:	Place:		
STUDENT'S ACCE	EPTANCE OF ADMIS	SSION TO WELSEY COLLEGE.		
Mwanza. I promise that I will at the college for the entire pother person holding author	l work hard during the period of the course unity duty given to him	025 academic year at Wesley College in course and I will continue with my studies nless I am dismissed by the lecturer or any by the Government Body of the college. I an 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 confirm that he/she will be re		te to undertake the Certificate course and attend the course		
		tion/Ministry/Family will sponsor the at fees once paid will not be refunded		
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 behavior both on and off campus. They should portray moral and ethical behavior, conducting themselves with pride and respect.
Students are strictly not allowed to wear the following: -
 a) Jeans with holes b) Mesh type of see-through clothes c) Trousers hanging under the buttocks (Mlegezo) d) Very tight trousers, skirts, blouses e) Dress/skirts with excessive slit (mpasuo) f) Any dress that leaves the stomach, waist, chest, and or back open g) Shorts or skirts that do not cover the knees when seated h) Earrings for men i) Unbuttoned shirts j) Any type of dress that cover the entire face k) Pajamas, flip flops or slippers outside the residence halls l) Any kind of dressing that leaves underwear visible m) Any kind of dressing that leaves the breasts open/visible. n) 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 SIGNATURE
STUDENT'S MEDICAL EXAMINATION FORM
NAME OF THE STUDENT (in full)
NationalityAgeSexMarital 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
3. Heart
4. 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
O LAB INIVESTIGATIONS
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./Missand considered that he/she
is FIT/NOT FIT to be enrolled as a student at WESLEY COLLEGE
Name of the Doctor
Title
Qualifications (Official Stamp) Signature
Date: