

## ST JOHN'S UNIVERSITY OF TANZANIA

## Office of the Deputy Vice Chancellor Academic

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P. O. Box 47 Dodoma, Tanzania

Date: 11 August, 2023

Admission Number:

Name:

# RE: ADMISSION LETTER AND JOINING INSTRUCTIONS FOR NON-DEGREE PROGRAMMES FOR 2023/2024 ACADEMIC YEAR

I am pleased to inform you that you have been selected to join at St. John's University of Tanzania for the Academic Year 2023/2024.

You are required to report at St. John's University on 16/10/2023. Note that there will be one week for orientation before starting classes with no time lag for late reporting.

## On reporting at the University, please bring with you the following items: -

- 1. Original certificates of your academic qualifications (not a result slip).
- 2. Original birth certificate.
- 3. Tuition fees, either in full or 1st Semester instalment, plus ALL other charges as detailed in the attached fee structure. Failure to pay fees at registration shall result in forfeiting your admission.
- 4. Deposit tuition fees and compulsory charges through **Control number** that will be provided through **SJUT SIMS Account (sims.sjut.ac.tz).**
- 5. A duly filled medical examination form from a registered hospital.
- 6. The **deadline** for registration is **28/10/2023**. The registration process shall not be complete without paying required tuition fees and charges.
- 7. The accommodation application form, fee structure, other charges and medical examination forms are attached.

May our LORD JESUS protect and bless you as you join and undertake studies at SJUT.

PROF. TIMOTHY E. SIMALENGA, PHD, PrENG DEPUTY VICE CHANCELLOR, ACADEMIC

In order to register a student must pay 100% of the compulsory charges and 50% of the annual tuition fees. All fees are non-refundable.

8. The breakdown of **compulsory charges** is as shown below (in TZS).

| 1. | Identity Card             |     | 10,000/=  |
|----|---------------------------|-----|-----------|
| 2. | Development Fund          |     | 150,000/= |
| 3. | Registration Fee          |     | 20,000/=  |
| 4. | Examination Fee           |     | 80,000/=  |
| 5. | Students Organisation Fee |     | 20,000/=  |
| 6. | Medical Fee               |     | 10,000/=  |
| 7. | TCU quality Assurance Fee |     | 20,000/=  |
| 8. | NHIF Membership Annually  |     | 50,400/=  |
| TO | OTAL                      | TZS | 360,400/= |

**NB:** Other Charges for Allied Health students (non-degree) will be required:

- 1. To pay Hospital Clinical Rotations of 50,000.00 per rotation
- 2. To pay National Examination fee of 150,000.00 to be paid in each second semester of the studies

### THE DETAILS OF TUITION FEE PER PROGRAMME ARE AS FOLLOWS.

| FACULTY OR<br>INSTITUTE | PROGR |   | ANNUAL<br>TUITION FEE IN |
|-------------------------|-------|---|--------------------------|
|                         |       | EULL MAME OF THE DROCK AMME                             |                          |
| OR                      | AMME  | FULL NAME OF THE PROGRAMME                              | TZS                      |
| SCHOOL                  | CODE  |   |                          |
| CODE                    |       |   |                          |
|                         |       | SCHOOL OF PHARMACY                                      |                          |
| SOPH                    |       | Ordinary Diploma in Pharmaceutical Science              | 1,800,000/=              |
| SOPH                    |       | Technician Certificate in Pharmaceutical Science        | 1,800,000/=              |
|                         |       |   |                          |
|                         |       | SCHOOL OF NURSING                                       |                          |
| SONU                    |       | Ordinary Diploma in Medical Laboratory Technology       | 1,800,000/=              |
| SONU                    |       | Ordinary Diploma in Nursing and Midwifery               | 1,800,000/=              |
|                         |       |   |                          |
|                         | Ι     |   |                          |
| IDS                     |       | Ordinary Diploma in Community Development (DipCD)       | 1,000,000/=              |
| IDS                     |       | (3years)  |                          |
|                         |       |   |                          |
|                         | FA(   | CULTY OF COMMERCE AND BUSINESS STUDIES                  |                          |
| FOCB                    |       | Diploma in Business Administration (DipBA)- Accounting  | 1,000,000/=              |
| FOCB                    |       | Diploma in Business Administration (DipBA)- Procurement | 1,000,000/=              |
| гось                    |       | and Supply  |                          |
| FOCB                    |       | Diploma in Business Administration (DipBA)-Human        | 1,000,000/=              |
| ГОСВ                    |       | Resources and Management                                |                          |
| FOCB                    |       | Diploma in Business Administration (DipBA)- Marketing   | 1,000,000/=              |

## MEDICAL EXAMINATION FORM

| TO THE  | NAME                    |
|---|-------------------------|
| MEDICAL OFFICER   | AGE                     |
| P.O BOX   |                         |
|   | SEX                     |
| INVESTIG. BLOOD   | ATION REQUIRED          |
| H/B   | WBC TOTAL               |
| B/S   |                         |
| BP ECG  | NEUTROPHILS%            |
| EOSINOPHILS%  |                         |
| HEART RATE/Minutes  | BASOPHILS%              |
| LYMPHOCYTES%  |                         |
| EYES R/E L/E  | MONOCYTES %             |
| EARS R/EL/E   |                         |
|   |                         |
| VDRLUPT   | CXR                     |
| WIDAL TESTSALMONELA TYP   | HIO SALMONELA TYPHIH    |
| BLOOD (i) FBSmm   | 01/1 ormg/d1            |
| (ii) RBSmm  | 01/1 ormg/d1            |
| URINE ANALYSIS (i) MACROSO  | COPIC STOOL EXAMINATION |
| (ii) MICROSCOPIC- PROTEIN   | (i) MACROSCOPIC         |
| BILIRUBIN   | (ii) MICROSCOPIC        |
| GLUCOSE   | OVA                     |
| OVA   | PROTOZOA                |
|   | RBC                     |
|   | OTHERS                  |
| BLOOD GROUP& CROSS MATCH  |                         |
| LAB TECH: NAME:   | SIGNATURE:              |
|   |                         |
| I here certify that MR/MRS/MISS/DR./PR<br>Is fit/ unfit for employment/engagement/joi |                         |
|   |                         |
| MEDICAL OFFICER SIGNATURE   | DATE                    |

## ST JOHN'S UNIVERSITY OF TANZANIA

# AGREEMENT IN RESPECT OF STUDENT CAMPUS ACCOMODATION AT ST JOHN'S UNIVERSITY OF TANZANIA

### **BETWEEN**

ST JOHN'S UNIVERSITY OF TANZANIA of P.O. Box 47, Dodoma Tanzania (who in this contract will be referred to as the University) on one part

| AND       |
|-----------|
|           |
|           |
|           |
| <br>••••• |
| ••••      |

(Who in this contract will be referred to as the student) on the other.

The University is the owner of the halls of residence on the campus of St John's University of Tanzania, Dodoma and the student is desirous of living in the campus halls of residence of the University.

### 1. CONTRACT TERMS

On signing this contract, the student agrees to comply with the following: -

- i. To read, understand and obey the by-laws contained in Chapter 4 of the Student Handbook. For the Student Handbook, please visit the University Website.
- ii. To remain in continuous occupation of the room for the whole Academic Year and that illegal vacation of the room will make a student pay a fine as well the accommodation fee for the semester/year.
- iii. The accommodation fee is charged on the basis of 2000/= a day, times the number of days for the semester.

The schedule below is illustrative of this.

| S/N | Course     | First Semester |            | Second Semester |            | Total    |            |
|-----|------------|----------------|------------|-----------------|------------|----------|------------|
|     |            | 1st Year       | Continuing | 1st Year        | Continuing | 1st Year | Continuing |
| 01  | BSN/BPH    | 250,000        | 235,000    | 230,000         | 235,000    | 480,000  | 470,000    |
| 02  | All others | 229,000        | 214,000    | 209,000         | 214,000    | 438,000  | 428,000    |

- iv. To uphold and respect Christian ethos and to set good examples to other students residents of the rooms and halls.
- v. To obey the rules and by laws relating to on-campus residence as laid down in the Student Handbook
- vi. To live in peace and harmony with other students in the room and halls of residence.
- vii. That the student fully realizes that a default or breach of the terms and conditions of this agreement may render him/her liable to punishment in the form of a fine or eviction from campus residence, or summary dismissal from the University.
- viii. That in the event of an eviction or expulsion no refund will be made to the student.
- ix. Also, that no cooking of any kind or use of un-authorized electrical appliances will be allowed in rooms of residence and buildings except in the laundry. Students will eat all their meals out of their rooms, either in the cafeteria or canteen. The only exception is when there is a sick student, for which reason the Dean of Students or the Janitor should be informed before any food is taken to the sick in the rooms.
- x. The student uses with care the services/social amenities such as water, electricity and toilets which are provided in the halls.
- xi. Takes care of inventory items such as beds, mattresses, chairs, tables, cupboards, keys, etc. and does not add or remove furniture without proper authority.
- xii. Returns to the Janitor the keys (original or duplicate) for the room of residence before departure for vacations.
- xiii. Conserves the environment, maintains hygiene and sanitation both inside and outside her/his

room.

- xiv. At times of entry into campus from home or departure from campus, the student may be required to declare his luggage at the gate's guard post.
- xv. Moving personal belongings from campus to any other place will be done by use of a gate pass, without which no luggage can be taken out. Gate passes will be issued or processed only during office hours.

| 2. DECLARATION   |                                    |
|--|------------------------------------|
| I  | Student, Reg. No do hereby declare |
| that I have carefully studied the articles of the contract atterms and conditions of this agreement while in residence |                                    |
| HallRoom   |                                    |
| (i) REG NOGE   | NDER: M F                          |
| (ii) NAME: SURNAMEFIRST  | NAME                               |
| OTHER NAMES  |                                    |
| (iii) NATIONALITY (iv) SPONSOR: P  | RIVATE HESLB                       |
| (v) YEAR OF STUDY:COURSE   | PHONE                              |
| (vi) HALL NO ROOM NO   |                                    |
| (vii) CONTACT: PERSON  | RELATIONSHIP                       |
| PHONE  |                                    |
| (7) STUDENT SIGNATURE:   | DATE                               |
| 3. FOR OFFICE USE ONLY.  |                                    |
| (On behalf of the University)  |                                    |
| NAME OF OFFICER:   | DESIGNATION:                       |
| SIGNATURE  |                                    |
| OFFICE STAMP   | DATE                               |

|        | Applicant's Hom   | e Address                                    | • |  |  |  |
|--------|---|--|---|--|--|--|
|        |   | •••••  |   |  |  |  |
| т т    |   | •••••  |   |  |  |  |
|        | The Dean of Students St John's University of Tanzania   |  |   |  |  |  |
|        | P.O. Box 47   |  |   |  |  |  |
|        | Dodoma  |  | Applicant's                             |  |  |  |
| 1      | Dodoma  |  |   |  |  |  |
| 9      | STUDENT APPLICATION FOR HOSTEL ACCOM  | MODATION                                     | passport<br>size picture                |  |  |  |
| -      |   | <u>WIODIIIIOI (</u>                          | size picture                            |  |  |  |
|        | ACADEMIC YEAR 2022/2023   |  |   |  |  |  |
|        | PERSONAL PARTICULARS  |  |   |  |  |  |
|        | Name:   |  |   |  |  |  |
|        | x: (4) Age: (5) Marital status:   | (6) Religi                                   | ous Ministry:                           |  |  |  |
|        | or/Priest/Sister/Brother/Imam)  |  |   |  |  |  |
|        | ourse of study(8) Year of stu   | dy $1^{st}$ $2^{nd}$ $3^{rd}$ $4^{th}$ (Tic. | k the appropriate                       |  |  |  |
| numb   | ,   |  |   |  |  |  |
| (9) Ph | none:(10) Contact of next of kin  |  |   |  |  |  |
| I wish | n to apply for on-campus residence for Hostel Accommod  | ation for the Academi                        | c Year                                  |  |  |  |
|        | / 2022 because: (please number them).   |  |   |  |  |  |
|        |   |  |   |  |  |  |
|        |   |  |   |  |  |  |
|        |   |  |   |  |  |  |
| Ву ар  | LARATION: oplying for on-campus accommodation, I understand and just to do the following:         | promise that if I get                        | a place, I will be                      |  |  |  |
| requir | red to do the following: -  |  |   |  |  |  |
| 1.     | . Pay in full for a whole semester/academic year for the ac                                       | rcommodation into SI                         | IIT Income <b>A/C</b>                   |  |  |  |
| 1.     | 01J1082864000 maintained at CRDB Bank at least 7 da   |  |   |  |  |  |
|        | of the new semester/academic year. I shall hand in to the Janitor my <b>original bank pay-in-</b> |  |   |  |  |  |
|        | slip as evidence of payment, for verification before or   |  |   |  |  |  |
| 2.     |   |  |   |  |  |  |
|        | pay accommodation fees on a semester/yearly basis, an   |  |   |  |  |  |
|        | room with any unauthorized person.  |  |   |  |  |  |
| 3.     |   | aration, I shall not va                      | cate or leave the                       |  |  |  |
|        | room to go and stay elsewhere because my contract is  |  |   |  |  |  |
|        | illegally vacate the room, I shall be required to pa  |  |   |  |  |  |
|        | whole academic year/semester, as the case may be.   | •  |   |  |  |  |
| 4.     | . Make sure that the only people staying in the room are  | those who appear in t                        | the University list                     |  |  |  |
|        | of students who are in my room. I shall also report to the Dean of Students/Janitor anybody       |  |   |  |  |  |
|        | staying in the room without authorization.  |  |   |  |  |  |
| 5.     | . I shall observe all regulations governing campus resider  | nce and I shall obey                         | the leadership of                       |  |  |  |
|        | my Hall of Residence.   |  |   |  |  |  |
| 6.     | , ,   |  |   |  |  |  |
|        | the Dean of Students' Office of my decision for not taking the offer of room, seven (7) days      |  |   |  |  |  |
|        | before opening of the 1st / 2nd Semester.   |  |   |  |  |  |
| c:     | a coroly yours  |  |   |  |  |  |
| 51     | ncerely yours,  |  |   |  |  |  |
|        |   |  |   |  |  |  |
| Si     | gnature   | Date   |   |  |  |  |