INSTITUTE OF ACCOUNTANCY ARUSHA (IAA)



Attach one recent passport size photograph

Ref No.					
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ADMISSION APPLICATION FORM FOR MASTERS PROGRAMMES FOR 2018/19 ACADEMIC YEAR

This form must be filled and sent to reach the **Admissions Office on or before 8**th **September, 2018.**

I. PERSUNAL	INFORMATION				
Name:(First)	(Middle)			(Last)
Present Mailing Addre	,				
Mobile No:		Email:			
Date of Birth:	Place of	Birth	Na	tionality:	
Gender:	Male			Female	
Marital Status	Single			Married	

NB: The names entered on this form should be the same as those on your academic certificate(s)

2. PLACE OF STUDY (CAMPUS)

S/N	NAME OF CAMPUS	CONTACTS	TICK YOUR CHOICE
1	Arusha Main Campus	Box 2798, Arusha.	
	•	Phone: 255 027 2541415/6, 0784-542778	
		Website: www.iaa.ac.tz	
2	Dar Es-Salaam Campus	Box 69007, Dar-Es-Salaam	
	-	Phone: 255 22 2864823; 0655-289545	
		Website: www.iaa.ac.tz	

NB: Please send the duly filled application forms to the respective Campus.

3. PROGRAMME IN WHICH ADMISSION IS SOUGHT

Masters Programmes:		Tick where
		appropriate
Master of Business Administration	(MBA)	
Master of Business Administration -Information Technology Management	(MBA-ITM)	
Master of Business Administration –Procurement and Supplies Management	(MBA-PSM)	
Master of Science- Finance and Investment	(MSc.FI)	
Master of Software Engineering	(MSE)	
Master of Information Security	(MIS)	

4.	ACADEMIC QU	JALIFICATION	NS ATTAI	NED:			
a.	Certificate of Equivalent	Secondary Ed	ucation:	(C.S.E.E)/ N	lational Form IV	or	
Index N	No:		Division		Year		
Name o	of School						
Examin	ation Center/Sch	ool					
Examin	ations Authority			Counti	ry		
S/NO). SUB	JECT	GRADE	S/NO.	SUBJEC	Γ GR/	ADE
1.			0.0.5	6.	33323		
2.				7.			
3. 4.				8. 9.			
1. 5.				10.			
Examin	ation Center/Sch	ool					
Examin	ations Authority			Counti	ry		
S/NO	. SUB	JECT	GRADE		SUBJEC	Γ GR	ADE
1.				4.			
2. 3.				5. 6.			
C.				dates	Major field	Advanced	ed Class
11/13	TITUTION	country	fro	om to	of study	Dipl/Degree award	Ciass
d.	Have you applie	ed for admissior	n to other	Institutions?			
	Yes []		No []			
	If yes please lis	t names of the	Institution	ıs			
						_	
e.	In case of any p	hysical or comm	nunication	disabilities ti	ck whichever is app	oropriate.	
,	Vision/ Mobility/	Hearing/ Others	s (Specify)			

If any of the above give details of disability

	SIONAL EXPERI umber of years		experience	
List all jobs	s held for the p	oast two yea	ars: (if applicable)	
S/NO	FROM	ТО	COMPANY	POSITION
S/NO 1 2 3 4				
2				
3				
4				
make sure t	they have dully by the referee a	filled the atta and posted b obile-mail, P	one of them should be you come of them should be you come of them should be you come of the shou	e form should be signed with the application form.
2.				
3.				
Appl Tick •	the option which Private Sponsor Others (Specify	ationalities can is applicable: ship		ip or through their employers.
Nam	e and Address of	Sponsor		

Signature of Sponsor ______ Date _____

8: DECLARATION BY THE APPLICANT

I do solemnly affirm and declare that information given in this Admission Application Form is true and correct to the best of my understanding and belief. I do understand that any wrong information may result in the cancellation of my Admission and Registration with IAA.

I also declare that I am an applicant for admission to study at IAA and if admitted I shall observe all regulations, rules and directives issued by the Institute.

I also declare, I	i understand th	at any tuitio	n, registration	or examina	ation fee(s)	once	paid to
IAA shall not be	refundable in a	ny circumsta	ances whatsoe	ver.			

Signature of applicant:	Date:	

NB:

- Applicants are required to print out and fill this application form and mail it by the
 address indicated in the form. The duly filled in application form must be
 accompanied with an application letter and certified copies of certificates and
 transcripts. The form must also be accompanied with non-refundable application fee
 of Tshs. 50,000/= payable through the Institute's Bank accounts.
- For Arusha main, Babati & DSM campuses **01J1035916500** at the CRDB Arusha-Meru Branch.

OR

- For Arusha main, Babati & DSM campuses 014139000031 at NBC BANK Arusha Branch
- It is important that you indicate your mobile number and e-mail address for ease of communication.

Items to attach

- 1. Copies of Academic certificate transcript and certificates
- 2. Copies of leaving certificates
- 3. Copy of Birth certificate or Affidavit
- 4. One recent passport size
- 5. Three reference letters(in a well sealed envelope)

f. Immigration Formalities:

Every foreign student is required to apply for and obtain a Residence Permit from the Director of Immigration Services before he/she leaves for Tanzania. Residence Permit Application Forms can be obtained from the Director of Immigration Services, P.O. Box 512, Dar es Salaam, Tanzania.

INSTITUTE OF ACCOUNTANCY ARUSHA (IAA)



P. O. Box 2798, Arusha, Tanzania

Phone: 255 027 2541415/6, 9605-6/6096/9415/6

Fax: 255 027 254 9421

Telex 50009 IAA TZ e-mail: <u>iaa@iaa.ac.tz</u> Website: www.iaa.ac.tz

REFERENCE FORM FOR MASTERS DEGREE PROGRAMME

Part I: To be completed by applicant.

Make sure to provide the referees with a description of the proposed programme and the means by which they can return completed form to you in a sealed envelope.

This form must be filled and sent to reach the **Admissions Office on or before 8**th **September, 2018**

1.	APPLICANT'S NAME		
Name:	(First)	(Middle)	(Last)

NB: The names entered on this form should be the same as those on his/her academic certificate(s)

2. PROGRAMME IN WHICH ADMISSION IS SOUGHT

Bachelors Programmes:		Tick where
		appropriate
Masters of Business Administration	(MBA)	
Masters of Business Administration in Information Technology	(MBA-IT)	
Masters of Business Administration in Procurement and	(MBA-PSM)	
Supplies Management		
Masters of Science Finance and Investment	(MSc-FI)	
Masters of Software Engineering	(MSE)	
Masters of Information Security	(MIS)	

Part II to be filled by referee.

Dear Sir/Madam,

The above named applicant has trusted and chooses your name as one of the referee to support his/her application for Masters Programme. Although the reference can take any format as appropriate, we will accept completion of this form as an acceptable form of reference.

NB: Your comments will not be revealed to anybody.	
1. How long have you known the candidate?	
2. What Capacity in which you know the applicant	_
3. Comments on the applicant's academic ability. Does the applicant demonstrate the following?	-

- An appropriate academic background for the course selected? Y/N
- High level of analytical skills? Y/N
- Commitment to intensive academic activity? Y/N
- An ability to plan his/her work Y/N
- Independent working? Y/N.

4. Comments on the applicants' professional capabilities (if any)
5. Any other comments relevant to applicant's suitability for the Postgraduate study on the course identified.
I confirm that the applicant is personally known to me and that the details I have given are correct to the best of my knowledge and judgment.
Name:
Position Mobile phone
E-mail:
Signature Date