

HUBERT KAIRUKI MEMORIAL UNIVERSITY (HKMU)

Incorporated in The Mission Mikocheni Health and Education Network (MMHEN)

Tel: 255-22-2700021/4

Fax: 255-22-2775591

E-mail: admissions@hkmu.ac.tz or dfnr@hkmu.ac.tz or secvc@hkmu.ac.tz



322 Regent Estate

P. O. Box 65300

Dar es Salaam.

Tanzania

website: www.hkmu.ac.tz

Instructions to Applicants for the Undergraduate BScN Programme Academic Year 2010/2011

1. The entry requirements for this programme:

Two alternatives:

- a) Applicants must have completed Form VI or its equivalent, with at least two Principal passes one of which must be at a level of D or above in any of the following subjects: Chemistry, Biology and Physics:

Course Duration: 4 years plus twelve months of internship (fifth year) carried out in an approved teaching hospital.

OR

- b) Applicants must have completed form IV (Ordinary Level Certificate of Secondary Education or its equivalent) with at least three credit passes in Physics, Chemistry, Biology or Mathematics with a Diploma in Nursing, registered by the Nurses' Councils of their respective countries with at least a working experience of two years in a recognised hospital.

Course Duration: 3 years.

2. The following particulars should be attached to the application:

- a) Photocopies of National form IV certificate and/or National form VI certificates or a certified statement of results from a reputable Examination Council.
- b) Recommendation letter from either the latest School head or present employer.
- c) Money transfer / Postal money order or cash Tshs 25,000/= or US\$ 25.

In addition to the above requirements, candidates applying for the BSc. in Nursing course must pass the Hubert Kairuki Memorial University Matriculation Examination.

4. To be accepted, students will have to show evidence that they have full sponsorship. A form for that purpose is attached.
5. A period of up to 3 months of the 3 years' training will be spent as elective period outside HKMU.

Please return: -

- i. The duly filled in application forms.
- ii. The Financial Guarantee form

*The Deputy Vice-Chancellor for Academic Affairs
The Hubert Kairuki Memorial University
P.O. Box 65300
Dar es Salaam
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E-mail: secvc@hkmu.ac.tz or admissions@hkmu.ac.tz*

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The deadline for receiving dully filled application forms is 31st May 2010

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Application Forms for Admission to a Bachelor of Science in Nursing Programme 2010/2011

APPLICATION NO. _____
(For official use only)

STICK ONE
COLOURED
PASSPORT
PHOTO HERE

Please type or write in block letters

1. PERSONAL DETAILS

1.1. First name _____ Middle name _____

Surname/Family name _____
(As they appear on your secondary school certificates)

1.2. Sex _____

1.3. Date of Birth: Date _____ Month _____ Year _____, Place of Birth _____

1.4. Your father's name _____

Occupation _____

Address _____

Telephone _____

1.5. Your mother's name _____

Occupation _____

Address _____

Telephone _____

1.6. Tribe _____

1.7. Nationality _____

1.8. Marital Status _____

- 1.9. Number of children _____
- 1.10. Any physical disability _____
- 1.11. Permanent Address _____ City/Town _____
 Region _____ Country _____
- 1.12. Mailing Address to which information should be sent if applicant is successful

- 1.13. Telephone No: _____ Mobile No: _____
 Fax No: _____
- 1.14. E-mail address _____
- 1.15. Next of Kin _____
 Relationship to you _____
 Address of the next of Kin _____

 Telephone _____
- 1.16. Your guardian's name _____
 Occupation _____
 Address _____

 Telephone _____
- 1.17. State whether you intend to stay in University accommodation YES/NO. _____

2. ACADEMIC QUALIFICATIONS

2.1. Ordinary Level Secondary Education:
 School/Schools attended _____ Year(s) _____

Form IV National Examination Year _____ Index No. _____ Division _____

SUBJECTS

GRADES OBTAINED

2.2. Advanced Level Secondary Education

School/Schools attended _____ Year(s) _____

Form VI National Examination Year _____ Index No. _____ Division _____

SUBJECTS

GRADES OBTAINED

2.3. Qualifications obtained (including Certificates, Diplomas and Degrees) and the name of institutions attended with dates of attainment.

Name of Institution

Date/Year

2.4. Please give details of any employment with dates

Name of Employer

Post

Dates, From--To

2.5 Language proficiency: What is your mother tongue _____

Other languages (put "V" where appropriate)

1. _____ Reading _____ Writing _____
2. _____ Reading _____ Writing _____
3. _____ Reading _____ Writing _____

3. REFEREES

Two confidential academic referee forms are **attached**. Fill these forms as instructed and **send them to your referee who will fill his / her part and send them to us**.

Please give names and addressees of your two academic referees

- (1) Name _____
Address _____

(2) Name _____
 Address _____

4. SOURCE OF FUNDING

Please indicate the source of finance for the payment of your tuition fees by ticking the appropriate space.

Self financing _____ Being Sponsored _____ Others _____
 Name and address of sponsor(s)

I do certify that all the information submitted is correct to the best of my knowledge

Signature _____ Date _____

Attachments:-

- i. Guarantee Form (1)
- ii. Referee forms (2)

5. CHECK LIST FOR THE APPLICATION REQUIREMENTS

You are required to go through the following check list and see if you have included all the required documents. Indicate by checking the “Y” column if requirement is included or the “N” column if the requirement is not included.

Incomplete forms will not be discussed by the Admissions Committee.

Requirement	Y	N
1. Application letter [in applicant’s own handwriting]		
2. True copy of O-level certificate or its equivalent		
3. True copy of A-level certificate or its equivalent		
4. Transcripts of all post Secondary School Education		
a. Certificates		
b. Degree		
c. Diploma		
5. One current coloured passport size photograph		
6. Copy of Birth Certificate		
7. Photocopy of Passport – [for foreign students]		
8. Application fee receipt		
9. Two Reference letters from academic referees		
10. Financial Guarantee Form [duly filled]		

HUBERT KAIRUKI MEMORIAL UNIVERSITY (HKMU)
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FINANCIAL GUARANTEE FORM ACADEMIC YEAR 2010/2011

FULL NAME OF THE APPLICANT _____
(Hereafter called the applicant)

ADDRESS _____

COURSE APPLIED FOR _____
ACADEMIC YEAR _____

1. I, THE **UNDERSIGNED**, HEREBY **GUARANTEE** to Hubert Kairuki Memorial University (HKMU) that the payment of all monies which may from time to time hereafter become due to it in respect of tuition fees, accommodation charges and other charges properly debited to the account of the Applicant but so that my liability is in no event to exceed the sum of _____.
2. I, **AGREE** that the University (i.e. HKMU) is at liberty to grant to the Applicant such extension of credit or time for payment or other indulgences as it may think proper without discharging or impairing my liability hereunder
3. THIS **GUARANTEE** is to be a continuing guarantee and is to continue to be binding until all debts due from the Applicant to the Hubert Kairuki Memorial University have been fully discharged.
4. IN THE **EVENT** of my intervening death, any obligation, which I may have agreed, to discharge under this guarantee shall be equally binding upon my personal representative.

5. THIS **CONTRACT** shall be governed by the construed in accordance with Tanzanian Law.

SIGNATURE OF GUARANTOR _____

FULL NAME OF GUARANTOR _____

FULL ADDRESS _____

RELATIONSHIP TO APPLICANT (if any) _____

DATED THIS _____ DAY OF _____ 200__.

SWORN BEFORE _____
(Notary public or Commissioner for Oaths)

OFFICIAL STAMP _____

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REFERENCE FORM 1

A. TO THE CANDIDATE

FULL NAME.....

(Please underline your Family name)

Permanent address.....

.....

1. Degree for which you wish to study.....

2. Proposed date of commencement of study.....

B. TO THE REFEREE

This candidate has applied to our University for the programme outlined above and has given your name as a referee. I should be grateful if you could let me have a **confidential opinion** of this student's academic and personal suitability for that programme of study as soon as possible, including ability to co-operate in the life and work of the academic community.

Please you use space on the back of this form for your referee.

I would like to take this opportunity to thank you in advance for your co-operation and assistance.

1. Name of referee.....

2. Address.....

3. Position.....

Please return this form to the Deputy Vice Chancellor for Academics on the above address.

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REFERENCE FORM 2

A. TO THE CANDIDATE

FULL NAME.....

(Please underline your Family name)

Permanent address.....

.....

.....

3. Degree for which you wish to study.....

4. Proposed date of commencement of study.....

B. TO THE REFEREE

This candidate has applied to our University for the programme outlined above and has given your name as a referee. I should be grateful if you could let me have a **confidential opinion** of this student's academic and personal suitability for that programme of study as soon as possible, including ability to co-operate in the life and work of the academic community.

Please you use space on the back of this form for your referee.

I would like to take this opportunity to thank you in advance for your co-operation and assistance.

4. Name of referee.....

5. Address.....

6. Position.....

Please return this form to the Deputy Vice Chancellor for Academics on the above address.