

INSTITUTE OF ACCOUNTANCY ARUSHA (IAA)



Attach one recent passport size photograph

Ref No. _____

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 31st May, 2018.***

1. PERSONAL INFORMATION

Name: _____
(First) (Middle) (Last)

Present Mailing Address: _____

Mobile No: _____ Email: _____

Date of Birth: _____ Place of Birth _____ Nationality: _____

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 Software Engineering	(MSE)	
Master of Information Security	(MIS)	

4. ACADEMIC QUALIFICATIONS ATTAINED:

a. Certificate of Secondary Education: (C.S.E.E)/ National Form IV or Equivalent

Index No: _____ Division _____ Year _____

Name of School _____

Examination Center/School _____

Examinations Authority _____ Country _____

S/NO.	SUBJECT	GRADE	S/NO.	SUBJECT	GRADE
1.			6.		
2.			7.		
3.			8.		
4.			9.		
5.			10.		

b. Advanced Certificate of Secondary Education: (A.C.S.E.E)/ National Form VI or Equivalent

Index No: _____ Division _____ Year _____

Name of School _____

Examination Center/School _____

Examinations Authority _____ Country _____

S/NO.	SUBJECT	GRADE	S/NO.	SUBJECT	GRADE
1.			4.		
2.			5.		
3.			6.		

c. Give details of all colleges, universities or other educational institutions attended

INSTITUTION	country	dates		Major field of study	Advanced Dipl/Degree award	Class
		from	to			

d. Have you applied for admission to other Institutions?

Yes [] No []

If yes please list names of the Institutions

e. In case of any physical or communication disabilities tick whichever is appropriate.

Vision/ Mobility/ Hearing/ Others (Specify) _____

If any of the above give details of disability

5. PROFESSIONAL EXPERIENCE

Indicate number of years of working experience_____

List all jobs held for the past two years: (if applicable)

S/NO	FROM	TO	COMPANY	POSITION
1				
2				
3				
4				

6: REFEREES

Kindly provide names of three referees one of them should be your current employer and make sure they have dully filled the attached reference form. The form should be signed and sealed by the referee and posted by the applicant together with the application form.

Names of Referees and mobile-mail, Postal address of referee.

- 1. _____
- 2. _____
- 3. _____

7: MODE OF SPONSORSHIP

Applicants from all nationalities can apply under self sponsorship or through their employers. Tick the option which is applicable:

• Private Sponsorship

• Others (Specify) _____

Name 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 understand that any tuition, registration or examination fee(s) once paid to IAA shall not be refundable in any circumstances whatsoever.

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.*
- *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: iaa@iaa.ac.tz
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 31st May, 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 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.

Thank you for your kind cooperation.

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 _____