



Education for Building the Community
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**JOINING INSTRUCTION FOR CERTIFICATE PROGRAMS FOR
ACADEMIC YEAR 2025/2026**

Name of the Student.....
Course..... Intake.....
Postal address.....EmailPhone No.....
DAY.....HOSTEL.....
Morning Programme..... Evening Programme.....

BUSINESS ADMINISTRATION AND COMMUNITY DEVELOPMENT (BA, CD)

Dear prospective student, Congratulations.

It is a pleasure to inform you that you have been selected for certificate/Diploma course inDate of reportingat Wesley College in Mwanza City Nyamagana district. In order to commence your studies, you are required to report at the college on 08/04/2025 for registration. Please note that you are supposed to register within one week from the mentioned date, otherwise your selection shall be cancelled. The overall requirements and procedures for enrolment are indicated in this admission form. Please read them carefully.

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 **08/04/2025** and continue until **18/04/2025**. The course will commence **08/04/2025**. 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 Requirements for Certificate program

- 1) The candidate at least should have four (4) D passes in any subject except religious studies.
- 2) Two (2) passport size photographs taken recently for registration
- 3) National form four (4) certificate (or Result slip for those who completed in any year)
- 4) Birth certificate/affidavit
- 5) Leaving certificate
- 6) Any other relevant certificate supporting your qualification
- 7) Medical examination form
- 8) 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.

CERTIFICATE FEE STRUCTURE 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.

INSTALMENTS	ITEMS	COSTS		DEADLINE FOR PAYMENTS
		BUSINESS	COMMUNITY	
FIRST SEMESTER	Tuition fee	400,000/=	400,000/=	
	Quality Assurance fee	20,000/=	20,000/=	
	Examination	30,000/=	30,000/=	
	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	555,400/=	555,400/=	
SECOND SEMESTER	Tuition fee	400,000/=	400,000/=	
	Graduation fee	50,000/=	50,000/=	
	TOTAL	450,000/=	450,000/=	

*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**.

NB: It is expected that all sponsors will adhere to the above payment schedule. Failure to adhere to this schedule will amount to the respective sponsee to be barred from attending classes or sitting for test/examination.

I,....., do hereby declare that I have read and understood these Joining Instructions and promise to abide by the conditions specified therein. I also declare that all the documents/information I have submitted to the college are genuine and or true to the best of my knowledge.

Signature:Date:Place:

STUDENT’S ACCEPTANCE OF ADMISSION TO WELSEY COLLEGE.

I accept admission as a student for the 2025/2026 academic year at Wesley College in Mwanza. I promise that I will work hard during the course and I will continue with my studies at the college for the entire period of the course unless I am dismissed by the lecturer or any other person holding authority duty given to him by the Government Body of the college. I declare that I have committed no crime(s) which can 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 of the above candidate to undertake the Certificate course and confirm that he/she will be released from duties to attend the course

We further confirm that this /Company/Organization/Ministry/Family will sponsor the student and pay the College fees. We also know that fees once paid will not be refunded under any circumstances.

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 (Mlegezso)
- 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/sponsor)
Of..... accept the College Students' Dress Code and Disciplinary
Measures for violating the dress code and I will accept any action taken by the
College Against a student.

PARENT/GUARDIAN
SIGNATURE

STUDENT'S MEDICAL EXAMINATION FORM

NAME OF THE STUDENT (in full)
Nationality.....Age.....Sex.....Marital 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 Gonorrhoea
- 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.....

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: