



ST JOHN'S UNIVERSITY OF TANZANIA

Office of the Deputy Vice Chancellor Academic

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P. O. Box 47
Dodoma, Tanzania

Date: 15th July, 2024

Admission Number:
Name:

RE: ADMISSION LETTER AND JOINING INSTRUCTIONS FOR NON-DEGREE PROGRAMMES FOR 2024/2025 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 2024/2025.

You are required to report at St. John's University on **07/10/2024**. 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 **19/10/2024**. 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, Pr-ENG
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/=
TOTAL	<u>TZS 360,400/=</u>

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 INSTITUTE OR SCHOOL CODE	PROGR AMME CODE	FULL NAME OF THE PROGRAMME	ANNUAL TUITION FEE IN TZS
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/=
INSTITUTE OF DEVELOPMENT STUDIES (IDS)			
IDS		Ordinary Diploma in Community Development	1,000,000/=
FACULTY OF COMMERCE AND BUSINESS STUDIES			
FOCB		Diploma in Business Administration (DipBA)- Accounting	1,000,000/=
FOCB		Diploma in Business Administration (DipBA)- Procurement and Supply	1,000,000/=
FOCB		Diploma in Business Administration (DipBA)-Human Resources and Management	1,000,000/=
FOCB		Diploma in Business Administration (DipBA)- Marketing	1,000,000/=

MEDICAL EXAMINATION FORM

**TO THE
MEDICAL OFFICER**

NAME _____

AGE _____

P.O BOX _____

SEX _____

INVESTIGATION REQUIRED

BLOOD

H/B _____
B/S _____

WBC TOTAL

BP _____ **ECG** _____

NEUTROPHILS _____ %

EOSINOPHILS _____ %

HEART RATE _____ /Minutes

BASOPHILS _____ %

LYMPHOCYTES _____ %

EYES R/E _____ L/E _____

MONOCYTES _____ %

EARS R/E _____ L/E _____

VDRL _____ **UPT** _____

CXR _____

WIDAL TEST _____ **SALMONELA TYPHIO** _____ **SALMONELA TYPHIIH** _____

BLOOD (i) **FBS** _____ mm 01/1 or _____ mg/dl

(ii) **RBS** _____ mm 01/1 or _____ mg/dl

URINE ANALYSIS _____ (i) **MACROSCOPIC** _____ **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./PROF: _____
Is fit/ unfit for employment/engagement/joining studies

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

.....

....

(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	
		1 st Year	Continuing	1 st Year	Continuing	1 st 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 and promise to conscientiously obey and execute the terms and conditions of this agreement while in residence in: -

Hall.....Room.....

(i) REG NO.....GENDER: M F

(ii) NAME: SURNAMEFIRST NAME

OTHER NAMES.....

(iii) NATIONALITY.....(iv) SPONSOR: PRIVATE 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:

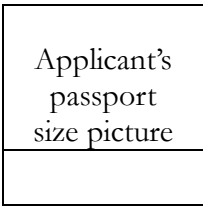
SIGNATURE

.....
OFFICE STAMP

.....
DATE

Applicant's Home Address.....
.....
.....

To: The Dean of Students
St John's University of Tanzania
P.O. Box 47
Dodoma



STUDENT APPLICATION FOR HOSTEL ACCOMMODATION

ACADEMIC YEAR 2024/2025

MY PERSONAL PARTICULARS

- (1) Name: (2) Reg. No.....
- (3) Sex: (4) Age: (5) Marital status: (6) Religious Ministry:
(Pastor/Priest/Sister/Brother/Imam)
- (7) Course of study..... (8) Year of study 1st 2nd 3rd 4th (Tick the appropriate number)
- (9) Phone: (10) Contact of next of kin

I wish to apply for on-campus residence for Hostel Accommodation for the Academic Year 2021 / 2022 because: (please number them).
.....
.....
.....

DECLARATION:

By applying for on-campus accommodation, I understand and promise that if I get a place, I will be required to do the following: -

1. Pay in full for a whole semester/academic year for the accommodation into SJUT Income **A/C 01J1082864000** maintained at CRDB Bank at least 7 days before the date of commencement of the new semester/academic year. I shall hand in to the Janitor my **original bank pay-in-slip as evidence of payment**, for verification before occupation of the room.
2. Once allocated the room, **I shall sign a full one-year contract of stay in the room** and shall pay accommodation fees on a semester/yearly basis, and that I shall not sub-let or share the room with any unauthorized person.
3. In addition to my declaration in Article 2 of this declaration, I shall not vacate or leave the room to go and stay elsewhere because **my contract is binding, for I understand that if I illegally vacate the room, I shall be required to pay full accommodation fees for the 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 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 residence and I shall obey the leadership of my Hall of Residence.
6. That if, for any reason, I cannot occupy the room which I am applying for, I shall timely notify 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.

Sincerely yours,

Signature.....

Date.....