

CHUO CHA USIMAMIZI WA FEDHA
THE INSTITUTE OF FINANCE MANAGEMENT
(ESTABLISHED UNDER THE ACT No. 3 OF 1972)



MASTERS COURSE APPLICATION FORM

The Institute of Finance Management is located at the heart of the Dar es Salaam City with a strong presence of Government and Business entities, but all students are trained and encouraged to pursue academic excellence. Please complete this form carefully and fully. The personal information collected on or in conjunction with this form is required to determine your eligibility for admission and will be used to contact you regarding Institute's programmes and services. It will form part of your record as an applicant, student and a member of the IFM alumni.

Select the Programme by ticking in the appropriate space

Master of Science in Accounting and Finance	[]
Master of Science in Finance and Investment	[]
Master of Science in Human Resource Management	[]

Affix your
passport-size
photo here using
a stapler
(write your name
at the back of the
photo)

- This application form can be downloaded from the Institute's website at <http://www.ifm.ac.tz>
- Read **ALL** the instructions carefully, complete the form and sign it. Write in BLOCK LETTERS using black ink.

CHECKLIST

► **Attachments:**

- ☐ Two recommendations forms (sealed and signed)
- ☐ Secondary School and other relevant Certificates
- ☐ Advanced Diploma / Degree Academic Transcripts and Certificates
- ☐ A CV detailing your previous studies and employment / self-employment experience

- Submit the application form, attachments and a **TShs. 50,000/= (or US \$ 50.00)*** IFM receipt for a non-refundable application fee.

Rector
Institute of Finance Management
Shaaban Robert Street
P. O. Box 3918
Dar Es Salaam, TANZANIA.

Phone: +255 22 2112931/3/4
+255 22 2123697
Fax: +255 22 2112935
E-mail: rector@ifm.ac.tz or admissions@ifm.ac.tz
Website: <http://www.ifm.ac.tz>

Physical Address: Admissions Office, The Institute of Finance Management, Corner of Shaaban Robert Street and Samora Avenue, Opposite The National Museum.

For Official use only

Received on
dd/mm/yyyy

IFM receipt No.

Admitted
Yes No
[] []

Admission No.

Personal Particulars					
Surname/Family Name			Other Name(s)		
Gender <input type="checkbox"/> <input type="checkbox"/>	Date of Birth	Country of Birth	Nationality	Disabilities/Special needs Yes <input type="checkbox"/> No <input type="checkbox"/>	
Permanent Address				Nature of Disability /special need (if any)	
Telephone Number • Landline: • Mobile:		Fax Number		E-mail Address	

Employment Record			
Institution (Current Employer)	Position	From:	To:
Nature of Work (Responsibilities)			

Academic Qualifications			
Highest Academic Qualifications Attained	Institution	Year of Graduation	
Specialisation		Undergraduate/Advanced Diploma GPA	
Other Academic or Professional Qualifications			
1.			
2.			
3.			
4.			
5.			

Referees		Please give the names and addresses of two persons who are acquainted with your academic or professional work and enclose their letters of recommendation with this application confirming you have done so by ticking the appropriate boxes.
Name <div style="text-align: right;">Recommendation</div> <div style="text-align: left;">enclosed</div>		Address <div style="text-align: center;"><input type="checkbox"/></div>
Name <div style="text-align: right;">Recommendation</div> <div style="text-align: left;">enclosed</div>		Address <div style="text-align: center;"><input type="checkbox"/></div>

Financial Support		
How do you intend to finance your studies?		
Self <input type="checkbox"/>	Employer <input type="checkbox"/>	Other(s) Specify <input type="checkbox"/>
Name and Address of your Financial Sponsor (if applicable)	Name	Address

<input type="checkbox"/> Prospectus <input type="checkbox"/> Education/Trade Fair <input type="checkbox"/> World Wide Web
<input type="checkbox"/> Advert in Newspaper/Journal* <input type="checkbox"/> Individual's (friends) Recommendation
Other (please specify)
*please specify publication where possible

Declaration	I certify that the information given in this application and in the supporting documents is accurate and complete. I understand that the submission of inaccurate information may be sufficient cause for refusal of admission or termination of registration.
Signature	Date

RECOMMENDATION FORM (1)

MASTER OF

PLEASE TYPE OR USE BLOCK CAPITALS IN BLACK INK AND WRITE INSIDE THE BOXES

Applicant	Please complete this section. Give this form to the person who will act as your referee. Return your application form with a sealed envelop containing this recommendation form.	
Surname/Family Name	Other Name(s)	
Applicant's Signature	Date	

Referee	To enable us assess the candidate's suitability for the Programme, we kindly request that you evaluate the candidate in the areas indicated in the table below (Tick the appropriate cell). Please indicate the applicant's qualifications and potential to undertake advanced study/research. Describe the applicant's motivation and intellect and Indicate both strong and weak points. Please write frankly. If the applicant's first language is not English, please comment on his/her ability to read, write and speak English.				
How long have you known the Applicant?					
In what capacity?					
	Excellent	Good	Average	Poor	Very Poor
Intellectual Ability					
Capacity for Original Thinking					
Maturity					
Motivation for Postgraduate Studies					
English Language Proficiency	Written:				
	Oral:				
Ability to work with others					
Other capabilities/talents worth mentioning:					
What do you consider to be the Applicant's weaknesses?					
What is your recommendation on the suitability of the applicant to the applied Programme?					
Give any other additional comments that you consider relevant about the applicant.					

Referee's Name and Contacts		
Name	Title (Dr/Prof/ Mr./ Mrs./ Miss/ Ms)	
Institution		Position
Postal Address	Telephone (Landline)	Mobile
Fax	E-mail	
Referee's Signature		Date

Please enclose the completed form in a sealed envelope and sign it across the seal. Return the envelope to the applicant, who will forward it with his/her application to:

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Physical Address: Admissions Office
The Institute of Finance Management,
Corner of Shaaban Robert Street and Samora Avenue,
Opposite The National Museum

For more information contact the Director of Postgraduate Studies or the Registrar.

RECOMMENDATION FORM (2)

MASTER OF

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Applicant		Please complete this section. Give this form to the person who will act as your referee. Return your application form with a sealed envelope containing this recommendation form.	
Surname/Family Name		Other Name(s)	
Applicant's Signature		Date	

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In what capacity?					
		Excellent	Good	Average	Poor
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Maturity					
Motivation for Postgraduate Studies					
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	Oral:				
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