DATE.....

CONFIRMATION LETTER TO JOIN BACHELOR DEGREE FOR THE ACADEMIC YEAR 2021/2022

Dear, Congratulation we are pleased to inform you that you have been Accepted/selected for your BACHELOR DEGREE in DOCTOR OF MEDICINE at MWANZA UNIVERSITY for the academic year 2021/2022

You're required to fill the confirmation letter after the deposit of 2 Millions (non refundable part of your tuition fee) to secure your position. Students who do not confirm his/her position on time may lose the chance of being part of Mwanza University.

Payment should be done with this control no

contact us via admission@mwanzauniversrty.ac.tz

Welcome MWANZA UNIVERSITY training for world

Prof Felix N. Kisanga

Deputy vice chancellor-Academic.research and consultancy (DVC-ARC)

CONFIRMATION FORM

Name of student				
Date of birth:		Nationality		
Address	Telephone number:	Email:		
M[]F[]	Marital status not married [] married []	Number of children		
You have any disabilities Yes [] No []				

If yes refers to the type of disability.....

I agree/approve the position I have been selected for degree in

______ the academic year 2020/21.

I certify that I have paid an amount of two millions (TZS. 2,000,000 / =) which are part of my fee for holding the position.

I will complete the payment of the rest installment fee before the reporting date and bring proof of bank pay slip during reporting time. I acknowledge and agree that, the fee to confirm acceptance of the position will not be returned for any reason if I do not report to university

I also o	confirm that:	
1	I will be a BOARDING Student (BWENI)	
2	I will be a DAY student (KUTWA)	

The university has a few dormitories and thus makes arrangements for additional dormitories depending on the number of Student dormitories.

The student who chosen the boarding school will have to pay for the boarding service for the entire year

Of studies even if he has changed his mind about staying boarding until university he will have signed a contract with the dormitory owners for the whole year.

Student S	Signature Date:	
Name of 1	Parent / Guardian / Trustee	•••
Parent /	Guardian Signature Date:	
RETURN	THIS VERIFICATION ACCEPTANCE FORM TO COLLEGE DIRECTLY OR THROUG	Н
LETTER	Email : admission@mwanzauniversity.ac.tz	