



ADMISSION & JOINING INSTRUCTIONS FOR MASTERS DEGREE PROGRAMMES – SEPTEMBER, 2026/2027

We are glad to inform you that you have been selected to join College of Business Education.....Campus to study.....programme.

The following are necessary conditions for admission:

1. DECLARATION REGARDING COMPLETION OF THE COURSE

All Candidates accepting admission must commit to completing the course unless instructed otherwise by the College authority and must submit signed acceptance, dress code declaration, and medical certificate forms during registration.

2. MEDICAL EXAMINATION

Admission to the College requires submission of a satisfactory medical report, which must be completed by a registered medical practitioner before registration.

3. COURSE COMMENCEMENT

Registration and Orientation starts on **October 19, 2026** and the program begins on **October 26, 2026**; failure to complete registration during the stated period without prior notice will result in the vacancy being given to another candidate.

4. WHAT TO SUBMIT DURING ONLINE SELF REGISTRATION

Certified copy of: Form Four Certificate, Bachelor's Degree Certificate/Advanced Diploma Certificate, Bachelor' Degree Academic Transcript, Postgraduate Diploma certificate, Birth Certificate, Acceptance of CBE programme form and Medical Certificate.

NOTE: Presenting forged certificates or false documents is a criminal offense and will be dealt with according to the law.

5. FEE STRUCTURE FOR MASTERS DEGREE PROGRAMMES

FOR INQUIRIES:

DAR ES SALAAM: Email: admission@cbe.ac.tz; Call Centre 0222 211 560 Mobile: 0777 151 323 | **DODOMA:** Email: dir.dodoma@cbe.ac.tz; Tel: +255 2623 21200, Mobile: 0734330104/0692659357 | **MWANZA:** Email: dir.mwanza@cbe.ac.tz; Mobile: 0659707000 / 0767692558 | **MBEYA:** Email: dir.mbeya@cbe.ac.tz; Mobile: 0674415629 / 0769525293

Programs	Tuition Fee (in TZS)	Other Cont. (in TZS)	Total (in TZS)	Foreigners (in USD)
ICT4D) & ITPM	4,600,000/=	167,000/=	4,767,000	3,160.60
MIBM/MPMME/MPSC M/MBA- HRM/F&B/MKT/MLG	4,500,000/=	162,000/=	4,667,000	2,960.60

6. FEES PAYMENT SCHEDULE FOR MASTERS DEGREE PROGRAMMES

PROGRAMME	1 ST INST.	DEADLINE	2 ND INST.	DEADLINE	3 RD INST.	DEADLINE
ICT4D & ITPM	1,515,000/	18/11/2026	2,002,000/=	28/3/2027	1,250,000/=	27/7/2027
OTHERS	1,515,000/	18/11/2026	1,902,000/=	28/3/2027	1,250,000/=	27/7/2027

Fees must be paid using a Control Number obtained from the CBE Online Student Information System (CoSIS) at www.cbe.ac.tz

7. INDICATIVE DIRECT STUDENTS COST FOR MASTERS DEGREE PROGRAMMES FOR ACADEMIC YEAR 2025/2026

	Local (TZS)	Foreign (USD)
Stationery	400,000	250.00
Books	800,000	500.00
Research	3,500,000	1,800.00
Thesis production	200,000	125.00
Stipend	2,000,000	1,250.00
Medical Insurance	50,400	75.60
Accommodation	450,000	500.00
Total	7,400,400	4,500.60

Students without health insurance must pay **Tsh 50,400** for NHIF. This amount will cover medical services for one academic year.

Welcome to CBE!

Yours Sincerely,



Prof. Edda T. Lwoga

RECTOR

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ACCEPTANCE OF CBE PROGRAMME VACANCY

I accept the vacancy as a student for the year 2026/2027 to pursue

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I promise that I will work hard during the course and will continue with my studies at the College for the entire period of the course unless I am dismissed by the Rector or any other person holding authority duly given to him by the Governing Body of the College. I declare that I have made no other commitments which can disrupt my studies at the College during the coming one year.

I confirm that I will abide by the standing students By-Laws of the College, Examination Regulations/Rules or any legal orders given by the Rector, lecturers or any other person in authority. I further affirm that I am the same person who applied for admittance to the College under this name.

I agree to undergo a medical examination conducted by a qualified medical practitioner at the College as part of the admission process. I understand that the examination is intended to establish my health status and identify any medical care or reasonable support I may require while pursuing my programme of study.

Full Name

Signature

Witnessed by

Relationship.....

MEDICAL CERTIFICATE

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(To be completed during registration by a qualified medical practitioner at the College.)

I have examined (Student name) and consider that he/she is physically fit/unfit to undergo the Bachelor Degree programme stated above.

Date

Signature

Station

Designation

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