

**UNIVERSITY OF DAR ES SALAAM  
SUPERVISION ALLOWANCE CLAIM FORM**

**SECTION A: (To be filled by in by supervisor for each supervised student)**

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 .....  
 .....  
 .....  
 (Name, Department, College/School/Institute, Address and Date)

The Principal/Dean/Director,  
 College/School/Institute of .....  
 University of Dar es Salaam

**Re: SUPERVISION ALLOWANCE CLAIM**

**SECTION A: (To be filled by the Supervisor)**

I certify that I served as a Supervisor for the postgraduate student specified in the table below for the academic year ...../..... Accordingly I hereby claim for payment of supervision allowance.

Student's Name	Registration Number	Programme	Department	Names of Co-Supervisors
				(1)
				(2)
				(3)
				(4)

Supervisor's Name: .....

Signature:.....  
 Date:.....

**SECTION B: (To be filled by the Head of Department)**

I confirm that Prof./Dr./Mr./Ms ..... supervised the above mentioned candidate. He/She shared the supervision load together with the following co-supervisors:

- (1) ..... (2) .....  
 (3) ..... (4) .....

I am satisfied with the supervision work he/she did and recommend that he/she be paid the supervision allowance.

Name of the Head of Department:

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SIGNATURE: ..... DATE:

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