

UNIVERSITY OF DAR ES SALAAM  
DIRECTORATE OF POSTGRADUATE STUDIES

APPLICATION FOR EXTENSION  
(To be filled in quadruplicate)

Name of Candidate: .....

Registration No.: .....

College/School/Institute: .....

Department: .....

Degree/Diploma Proposed: .....

Nature of Programme (Tick one):

Degree		
Masters	By coursework	
	By Thesis	
Ph.D.		

Studies due to end on: .....

Extension requested:

1 <sup>st</sup>	
2 <sup>nd</sup>	
3 <sup>rd</sup>	

If 2<sup>nd</sup> and 3<sup>rd</sup>, an extension fee receipt should be enclosed.

Reasons for requesting an extension: .....

.....  
.....  
.....

Period of extension: From ..... To .....

Comments by Supervisor: .....

.....  
.....

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

**Comments by Head:**.....  
.....  
.....  
.....

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

**Comments by  
Principal/Dean/Director:**.....  
.....  
.....

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

**Chairperson, Senate Postgraduate Studies Committee (SPSC)**

Approved:  Not approved

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