



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, mobile and Number

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.

Table with 5 columns: Student's Name, Registration Number, Programme, Department, Names of Co-Supervisors (if any). The last column has sub-rows (1), (2), (3), (4).

Account Name:

Account Number :

Bank Name :

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

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

I Certify 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 recommends that he/she be paid the supervision allowance.

Name of the Head of Department.....

Signature: Date: