

UNIVERSITY OF DAR ES SALAAM
DIRECTORATE OF POSTGRADUATE STUDIES

HIGHER DEGREE REGISTRATION FORM FOR CONTINUING
POSTGRADUATE STUDENTS*

Surname First Name Middle Name

(a) Reg. No. (b) Sex (c) Resident/Non-Resident

College/School/Institute Department:

Programme details

Course registered for
Form of studies: Thesis/Course-work
Date beginning studies
Expected dated of completion

Registration

Date of Registration

Record of Postponement/Freezing/Extension

Postponement:

Date of 1st postponement
Date of 2nd postponement

Freezing:

Date of 1st freezing
Date of resumption.
Date of 2nd freezing
Date of resumption

Extension: Indicate date and period of extension.

1st extension Date Period(months)
2nd extension Date Period(months)
3rd extension Date Period(months)
4th extension Date Period(months)

Fees and Financial obligations.

7.1 Type of sponsorship:

(a) Self (b) Other

7.2 Name and address of sponsor

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.....

Candidate's Signature:..... Date:

FOR SPONSORS TO NOTE

Fees.

You are required to pay the fees indicated below. The candidate is expected to submit a copy of receipt of payment for:

	Category of fees	Amount	Receipt No.
(a)	Registration fees:		
	i) Year I	.....	.....
	ii) Year II	.....	.....
	iii) Year III	.....	.....
	iv) Year IV	.....	.....
(c)	Studentship fees:		
	ii) Year II	.....	.....
	iii) Year III	.....	.....
	iv) Year IV	.....	.....

for: **DIRECTOR POSTGRADUATE STUDIES**

Date:

* This form should be filled in triplicate.

* Please attach evidence of payment of University fees