



THE UNIVERSITY OF DODOMA

BANK GUARANTEE

PAYMENT DEFERMENT REQUEST FORM

STUDENT PARTICULARS

Surname	Middle Name	First Name
<input type="text"/>	<input type="text"/>	<input type="text"/>
Admission Number	Form Four Index Number	Programme
<input type="text"/>	<input type="text"/>	<input type="text"/>

GUARANTEE DETAILS

Bank Account	Batch Number	Total Loan Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>

GUARANTEED AMOUNT DETAILS

S/N	Payment Type	Guaranteed Amount	Control Number
1	Tuition Fee		
2	Direct Cost		
3	NHIF		
4	Quality Assurance		
	Total Amount Guaranteed		

Attachments

- 1 - Admission Letter
- 2 - Original Bank Guarantee letter Signed and Stamped by the Bank

I certify to have read and agreed to the terms and conditions associated with this request.

Signature _____ Date _____

OFFICIAL USE ONLY

Department	Name of HoD	Date	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

BURSAR OFFICE (HQ)

Section	Accountant Name	Date	Signature
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Terms and conditions

1. The responsibility of paying the guaranteed monies solely rests on the guaranteed student.
2. The amount guaranteed should be paid to the University before the 15th week of the semester in which the student requests guarantee.
3. The student who fails to pay the guaranteed amount within the stipulated period in condition 2, will not be allowed to sit for University Examinations.
4. Any student violating condition 3 in this document will be deemed to have committed examination irregularity and be discontinued from studies in accordance with the Undergraduate Regulations and Guidelines.