THE UNITED REPUBLIC OF TANZANIA
MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY
THE UNIVERSITY OF DODOMA

NOTICE OF INTENTION TO SUBMIT MASTER DISSERTATION FOR PRE VIVA VOCE ARRANGEMENTS

SECTION A: TO BE COMPLETED BY THE CANDIDATE

Name in full: …… Registration No:……

Department: …… College/School/Institute:……

Programme Registered For: ……

Title of Thesis/Dissertation: ……

I, …… hereby declare that I have completed my thesis/dissertation and intend to submit it within the coming one (1) month.

Signature of Candidate: …… **Date** ……

SECTION B: TO BE COMPLETED BY SUPERVISOR(S)

I hereby confirm that the candidate is in the process of drafting his/her thesis/dissertation and I am of the opinion that he/she should be in a position to submit it within the coming one (1) month from now.

Name of Supervisor 1……**Signature** ……**Date**……

I hereby confirm that the candidate is in the process of drafting his/her thesis/dissertation and I am of the opinion that he/she should be in a position to submit it within the coming one (1) month from now.

Name of Supervisor 2……**Signature** ……**Date**……

SECTION C: TO BE COMPLETED BY THE HEAD OF DEPARTMENT

After consultation with College Principal/Dean of School/Director of Institute I propose that the following be considered for appointment as reviewers for the candidate's thesis/dissertation:

Panel Member	**Designation**
1.	Chairperson who shall also be the representative of the Head of the Department.
2.	Coordinator of Postgraduate Studies/Representative (who shall be the Secretary).
3.	Reviewer 1/Representative
4.	Reviewer 2/Representative
5.	A Candidate's Supervisor/Representative

SECTION D: TO BE COMPLETED BY PRINCIPAL OF COLLEGE/DEAN OF SCHOOL/DIRECTOR OF INSTITUTE

In anticipation of the fact that the candidate will submit his/her thesis/dissertation within one (1) month from now, and the examination process within one (1) month, it is recommended that the pre viva voce be held in the month of ……. of the year ……. The exact date will be communicated later.

Name: ……

Signature and Official Stamp: ……**Date:** ……

SECTION E: TO BE FILLED IN BY DIRECTOR OF POSTGRADUATE STUDIES

Please Tick (√) where appropriate

	The examination arrangements are herewith recommended for approval
	The examination arrangements are not complete for the reasons stated below and are hereby referred back to the Department

The following items are missing or are incomplete:

……

……

……

Name: ……**Signature**: …….. **Date**: ……

SECTION F: CHAIRPERSON, SENATE POSTGRADUATE STUDIES COMMITTEE (On behalf of

SENATE POSTGRADUATE STUDIES COMMITTEE (SPSC))

Please Tick (√) where appropriate

	The examination arrangements are herewith complete and are approved.
	The examination arrangements are not complete for the reasons stated below and are hereby referred back to the Directorate of Postgraduate Studies

The following items are missing or are incomplete:

……

……

……

Name: ……**Signature**: …… **Date**: ……