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

FREEZING OF STUDIES FORM

PART A: CANDIDATE'S PERSONAL DETAILS

Name in full:..... Registration No:.....

Department: .....

College/Institute/School:.....

Programme:.....

Semester: ..... Academic Year: .....

Date and Year of Admission:.....

Contact: Mobile ..... Address: .....

PART B: PROGRAMME DESCRIPTION *(Tick where appropriate)*

Programme Level: Postgraduate Diploma ☐ Master ☐ PhD ☐

Nature of Programme: Coursework and Dissertation ☐ Research Alone ☐

Programme Mode: Full time ☐ Part time ☐

PART C: REASONS FOR FREEZING STUDIES: ***(****Kindly tick the appropriate box****)***

Financial ☐ Medical ☐ Social ☐ Others .....

Please attach evidence (if any)

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Signature: …… Date: ……

PART D: FREEZING PERIOD SOUGHT

Starting Date: …… Expected Date of Resuming Studies:……

PART E: FREEZING HISTORY

1st Freezing: From:……To:……

2nd Freezing: From:…… To:……

3rd Freezing: From:…… To:……

Signature:…… Date:……

PART F: FOR OFFICIAL USE ONLY

Recommendation by Department

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Name: …… Signature:…… Date ……

Recommendation by Chairman of College/School/Institute Board

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Name: …… Signature:…… Date ……

Recommendation by Director of Postgraduate Studies

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Name: …… Signature:…… Date ……

Recommendation by Chairperson of Senate Postgraduate Studies Committee

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

Approval by Chairperson of the Senate

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