THE UNITED REPUBLIC OF TANZANIA

MINISTRY OF EDUCATION, SCIENCE AND TECHNOLOGY

THE UNIVERSITY OF DODOMA

SUBMISSION OF MASTER DISSERTATION/THESIS FOR EXAMINATION

SECTION A: TO BE COMPLETED BY THE CANDIDATE

1. Name in full: .....
2. Registration No:.....
3. Department:.....
4. College/Institute/School: .....
5. Programme registered for: .....
6. Title of thesis/dissertation: .....

   .....

Publication(s) / Manuscript(s):

i. Is it a requirement? YES ☐ NO ☐

ii. Is it attached? YES ☐ NO ☐

7. Title of publication(s)/Manuscript (s), and the status (if accepted, please attach acceptance letter):

   i. .....

   .....

   ii. .....

   .....

   iii. .....

   .....

8. Financial arrangements:

   i. Sponsor (if any):

   ..... ii.

   Tuition fee payments:

Amount paid TZS: ..... Receipt No.: ..... Accommodation:

TZS: ..... Receipt No.: .....

Outstanding TZS: .....

Cashier Signatures & Official Stamp: .....

9. I, ... hereby declare that I have completed the research work, the dissertation/thesis has been presented and approved by the relevant organ at the College/Institute. Also,

   I declare that, I have adhered to the UDOM Postgraduate Studies Regulations and Guidelines during the preparation of the document.

   Signature of the Candidate: ..... Date: .....

SECTION B: TO BE COMPLETED BY SUPERVISOR(S)

I hereby confirm/do not confirm that the candidate has completed his/her dissertation/thesis as per UDOM regulations and guidelines thus the dissertation/thesis is ready for examination.

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

I hereby confirm/do not confirm that the candidate has completed his/her dissertation/thesis as per UDOM regulations and guidelines thus the dissertation/thesis is ready for examination.

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

SECTION C: FOR OFFICE USE

RECOMMENDATION FROM SUPERVISOR:

Recommended to be accepted ☐ Not recommended ☐

Comments (if any):

.....

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

HEAD OF DEPARTMENT

Date received: ..... The package is complete/incomplete.....

(Indicate what is missing).....

Is it in acceptable format: YES ☐ NO ☐

Adhered to the UDOM Postgraduate Studies Regulations and Guidelines? YES ☐

NO ☐ Comments (if any):

……

……

Name: …… Signature:…… Date:……