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

APPLICATION FOR RESEARCH PERMIT

1. PERSONAL PROFILE

Surname: .....First Name.....Middle Names:.....

Sex:..... Nationality:.....Mobile No:.....

Registration No:..... Date and Year of Entry:.....

Expected Completion Date:.....Year of Study..... Semester:.....

Programme:..... Academic Year:.....

Department:..... College/Institute.....

2. PERSONAL CONTACTS

Postal Address:.....

Mobile Number:..... Other Telephone Numbers:.....

Email:.....

3. PRESENTATION OF RESEARCH PROPOSAL HISTORY

Presentation Level	Date(S)	Remarks
Departmental Level		
College Level		

Date submitted: ..... Signature: .....

FOR OFFICIAL USE ONLY

RECOMMENDATION BY THE HEAD OF DEPARTMENT

Recommended ☐ Not Recommended ☐

Remarks (if any):

.....

.....

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

Date:.....

RECOMMENDATION BY THE PRINCIPAL OF COLLEGE/DIRECTOR OF INSTITUTE

Recommended ☐ Not Recommended ☐

Remarks (if any):

.....

.....

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

Date:.....

RECOMMENDATION BY THE DIRECTOR OF RESEARCH, PUBLICATION AND CONSULTANCY

Recommended ☐ Not Recommended ☐

Remarks (if any):

.....

.....

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

Date:.....

RECOMMENDATION BY DEPUTY VICE CHANCELLOR-ACADEMIC, RESEARCH AND CONSULTANCY

Recommended ☐ Not Recommended ☐

Remarks (if any):

.....

.....

..... Signature:.....

Date:.....

APPROVAL BY VICE CHANCELLOR

Approved ☐ Not approved ☐

Remarks (if any):

……

……

…… Signature:……

Date:……