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

SUPERVISION ALLOWANCE CLAIM FORM

SECTION A: TO BE FILLED IN BY THE SUPERVISOR

Name of Supervisor: ……Registration No:……

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

I certify that I served as Supervisor for the following postgraduate students for the academic year ……

Name of Candidate	Registration Number	Candidate's Research Stage	Title of Thesis/Dissertation

Accordingly, I hereby claim payment of TZS …… being my supervision allowance for ……

Signature…… Date: ……

SECTION B: RECOMMENDATION BY THE HEAD OF DEPARTMENT

I confirm that Prof./Dr. …… supervised the above mentioned candidate(s). She/he shared the supervision load together with the following co-supervisors:

1. ……
2. ……

I am satisfied with the supervision work he/she did and recommends that he/she be paid the supervision allowance.

Name of Head of Department: .....Signature: .....Date: .....

SECTION C: RECOMMENDATION BY COLLEGE PRINCIPAL/DIRECTOR OF INSTITUTE/DEAN OF SCHOOL

Recommended ☐ Not Recommended ☐

Comments

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

SECTION D: RECOMMENDATION BY DIRECTOR OF POSTGRADUATE STUDIES

Recommended ☐ Not Recommended ☐

Comments

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

SECTION E: APPROVAL BY THE DEPUTY VICE CHANCELLOR-ACADEMIC, RESEARCH AND CONSULTANCY)

Approved ☐ Not approved ☐

Comments

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