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

APPLICATION TO RESUME/UNFREEZE STUDIES

PART A: CANDIDATE'S PERSONAL DETAILS

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

Department: .....

College/Institute/School:.....

Programme:.....

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: PROPOSED DATE FOR RESUMING STUDIES

Application to (*tick where appropriate*) Resume studies ☐ Unfreeze ☐

Date postponement/freezing was granted: .....

Proposed date for resuming studies

Academic year: ..... Semester: .....

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

PART D: 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 ……..