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

APPLICATION FOR POSTPONEMENT OF STUDIES

PART A: CANDIDATE'S PERSONAL DETAILS

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

Department: .....

College/Institute/School:.....

Programme:.....

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

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 POSTPONEMENT

Financial ☐ Medical ☐ Social ☐ Others (Specify)

Please attach evidence (if any)

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Signature: …… Date: ……

PART D: FOR OFFICIAL USE ONLY

Recommendation by Head of Department

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Name: …… Signature:…… Date ……

Recommendation by Principal/Dean/Director of College/School/Institute

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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 the Chairperson of the Senate

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Name: …… Signature:…… Date ……