##### UDSM/PG.F14

**UNIVERSITY OF DAR ES SALAAM**

***Directorate of Postgraduate Studies***

**FREEZING OF STUDIES FORM\*[[1]](#footnote-2)**

**(This form should be filled in quadruplicate)**

1. **Personal Profile**

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

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

Registration Number:.......................... Date and Year of Entry: .................. Expected Completion Date: ........................

Year of Study( e.g 1st, 2nd ): .............................. Semester: .................... Academic Year:................................

Programme: .......................................................................................................................................................

Department: ........................................................ Academic Unit: ....................................................................

1. **Personal Contacts**

Postal Address: …..........…….…………………..............….........................………...............………..….…..

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

Email:………………..........…….………………….….........................………........................………..….…..

1. **Reasons for Freezing Studies[[2]](#footnote-3):** *Please tick (√) the appropriate box*

**Medical /Financial /Social / Others**

Briefly Explain[[3]](#footnote-4): .........................................................................................................................................................................

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1. **Freezing Period Sought**

 Starting Date: ............................................... Expected Date of Resuming Studies: .......................................

1. **Freezing History**

1st Freezing: From: ................................................. To: .......................................................

2nd Freezing: From: ................................................ To: .......................................................

3rd Freezing: From: ................................................ To: .......................................................

1. **You will be required to attach a copy of this form on resuming studies**

 DATE SUBMITTED: ............................................... SIGNATURE: ...................................................

**For Official Use Only**

**AUTHORIZATION FOR FREEZING OF STUDIES**

1. **Comments by the Student Supervisor:**
2. **Recommended b) Not Recommended**

Remarks (if any): ....................................................................................................................................................................

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

1. **Comments by the Head of Department:**
2. **Recommended b) Not Recommended**

Remarks (if any): .....................................................................................................................................................................

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

1. **Comments by the Principal/Dean/Director of the Academic Unit:**
2. **Recommended b) Not Recommended**

Remarks (if any): .....................................................................................................................................................................

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

1. **Recommendation by the Director of Postgradaute Studies:**
2. **Recommended b) Not Recommended**

Remarks (if any): .............................................................................................................................................

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

1. **Recommendation by the DVC-Academic:**
2. **Recommended b) Not Recommended**

Remarks (if any): ....................................................................................................................................................................

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

1. **Approval by the Vice Chancellor:**
2. **Approved b) Not Approved**

Remarks (if any): .....................................................................................................................................................................

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**SIGNATURE: ............................................. DATE: ....................................**

1. This form is applicable to be filled in by candidates pursuing postgraduate programmes by Thesis or those candidates who have already completed the coursework stage and have started undertaking the research part of their studies. No candidate can be allowed to freeze studies if the candidate has not paid tuition fees and officially be registered for studies. [↑](#footnote-ref-2)
2. A candidate may attach any relevant documents to support his/her request. The current academic progress should also be attached. [↑](#footnote-ref-3)
3. If freezing is sought on MEDICAL GROUNDS, candidate MUST attach a medical report certified by the Medical Officer In charge of the University of Dar es Salaam Health Centre. [↑](#footnote-ref-4)