

# UNIVERSITY OF DAR ES SALAAM

## *Directorate of Postgraduate Studies*

### TRANSCRIPT REQUEST FORM

**1. Personal Profile:**

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

(Names must be filled in as they appear in your academic certificates and transcripts)

Sex ..... Date of Birth: .....

Nationality: ..... Marital Status:.....

Registration Number:.....

Programme Pursued:.....

Date and Year of Entry: ..... Year of Graduation:.....

**2. Title of Thesis/Dissertation/ Research Paper/Graduate Essay:**

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**3. Permanent Contacts:**

Postal Address: .....

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

Email:.....

**4. Name and Address of Next of Kin:**

Full Names:..... Relationship: .....

Postal Address: .....

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

Email:.....

**5. Compulsory Requirements:**

- a. Dully filled Clearance Form (Original)
- b. One Black and White Passport Size Photograph (applicable to all PhD and Masters by thesis students as well as other Postgraduate Students with registration No. before 2013)
- c. Payment of Transcript Processing Charges (Original Receipt MUST be attached):  
*For Tanzanians: TShs. 15,000/- and TShs. 5,000/- for every additional copy*  
*For Non-Tanzanians: USD. 20/- and USD. 5/- for every additional copy*
- d. Amount Paid: USD/TShs:.....Date paid: .....

Payments should be made by using CONTROL NUMBER which is obtained through ARIS Account.

**6. Other Requirements:**

- a) Submit copy of provisional results for your postgraduate studies (*optional*)
- b) Submit copy of academic transcript and certificate for undergraduate studies (*optional*)
- c) Submit copy of Advanced Level Secondary Education Certificate/Diploma Certificate (*optional*)
- d) Submit copy of Ordinary Level Secondary Education Certificate (*optional*)
- e) Submit a copy of your identification card such as staff ID, Voter's ID, Driving Licence or a Passport on collection of your academic transcript (*mandatory*)
- f) Allow a maximum of 3 working Days to process the transcript

**NOTE: YOU WILL BE REQUIRED TO VERIFY THE GRADES/INFORMATION ON YOUR TRANSCRIPT BEFORE ACCEPTING IT. ONCE TAKEN, NO TRANSCRIPT SHALL BE RETURNED FOR CORRECTION WITHOUT ADDITIONAL CHARGES.**

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

**For Official Use Only**

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**TRANSCRIPT PROCESSING CHECKLIST**

**1. File Retrieving Process:**

Date file Found: .....

Remarks (if any): .....

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Name of Officer: ..... Signature: .....

**2. Transcript Printing Process:**

Date Transcript Printed: .....

Remarks (if any): .....

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Name of Officer: ..... Signature: .....

**3. Sealed Stamping Process:**

Date a transcript sent for stamp sealing: .....

Remarks (if any): .....

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Name of Officer: ..... Signature: .....

**4. Transcript Signing Process:**

Date Signed: .....

Remarks (if any): .....

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**Signature: .....**

**Director, DPGS**