



UDSM/PG.F15

UNIVERSITY OF DAR ES SALAAM

Directorate of Postgraduate Studies

UNFREEZING/RESUMING OF STUDIES FORM*¹

(This form should be filled in quadruplicate)

1. Personal Profile

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

Sex Nationality: Registration Number:.....

Date and Year of Entry: Expected Completion Date:

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

Programme:

Department: Academic Unit:

2. Personal Contacts

Postal Address:Mobile Number:

Other Telephone Numbers:Email:.....

3. Indicate the type of your request:

a) **Unfreezing**

b) **Resuming**

4. Postponement History

Number of Freezing/Postponement	Freezing/Postponement Date	Unfreezing/Resuming Date	Reason(s)
1 st Freezing/Postponement			
2 nd Freezing/Postponement			
3 rd Freezing/Postponement			

5. Proposed date of Unfreezing/Resuming Studies:

Date	Semester	Academic Year

NB: Please attach a copy of the permission for Freezing/Postponement of Studies Form for your request to be processed²

DATE SUBMITTED: SIGNATURE:

¹Please attach copy of the dully filled in form for postponing of studies to substantiate that the applicant had previously sought approval for FREEZING/POSTPONEMNT of studies.

²If the candidate did not formally request for postponement/freezing of Studies, he/she MUST write a letter to the Director of Postgraduate studies through academic units to apply for retrospective freezing/postponement of studies so that the request for unfreezing/resuming of studies can be considered administratively.

For Official Use Only

AUTHORIZATION FOR UNFREEZING/RESUMING OF STUDIES

6. Comments by the Head of Department:

a) Recommended b) Not Recommended

Remarks (if any):

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Name: Signature: Date:

7. Comments by the Principal/Dean/Director of the Academic Unit:

a) Recommended b) Not Recommended

Remarks (if any):

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Name: Signature: Date:

8. Recommendation by the Director of Postgraduate Studies:

a) Recommended b) Not Recommended

Remarks (if any):

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Name: Signature: Date:

9. Recommendation by the DVC-Academic:

a) Recommended b) Not Recommended

Remarks (if any):

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Name: Signature: Date:

10. Approval by the Vice Chancellor:

b) Approved b) Not Approved

Remarks (if any):

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SIGNATURE: DATE: