

UNIVERSITY OF DAR ES SALAAM

POSTGRADUATE CLEARANCE FORM
(To be filled in quadruplicate)

Candidates must ensure safe return of all university property/equipment/books etc. entrusted to them during the period of study at UDSM before they can collect their academic certificates. All units listed should ensure that the candidate is not materially indebted to their departments before providing clearance for their respective units.

- 1. Name of Candidate:
- 2. Registration Number: Sex:
- 3. Nationality:
- 4. Department/Institute/School/College:
- 5. Degree Registered for:
- 6. Residential/Non-residential:
- 7. If residential, please indicate the name of the Hall/Residence/Hostel:
- 8. Date of Graduation:
- 9. Comments by Dean of Students:
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- Signature: Date:

- 10. Comments by Director of Central Library:
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- Signature: Date:

- 11. Comments by Supervisor:
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- Signature: Date:

- 12. Comments by Heads of Department (relevant departments)
- (1)
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- Signature: Date:
- (2)
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- Signature: Date:

- 13. Comments by Dean of School/Director of Institute/Principal of School/Institute/ College
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- Signature: Date:

- 14. Comments by DARUSO
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- Signature: Date:

15. Comments by Smartcard Unit

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Signature: Date:

16. Comments by Convocation

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Signature: Date:

17. Comments by the Bursar

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Signature: Date:

18. Comments by Director of Postgraduate Studies

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Signature: Date: