



UNIVERSITY OF DAR ES SALAAM
DIRECTORATE OF POSTGRADUATE STUDIES

REGISTRATION FORM FOR CONTINUING POSTGRADUATE STUDENTS

Surname **First Name** **Middle Name**

Reg. No. **Sex:** **Nationality:**

College/School/Institute **Department:**

Programme details

Course registered for

Form of studies: Thesis/Course-work

Date of beginning studies

Expected date of completion

Registration:

Date of Registration

Record of Postponement/Freezing/Extension

Postponement:

Date of 1st postponement

Date of resumption.....

Date of 2nd postponement

Date of resumption.....

Freezing:

Date of 1st freezing

Date of resumption.....

Date of 2nd freezing

Date of resumption

Extension: Indicate date and period of extension.

1st extension Date Period (months)

2nd extension Date Period (months)

3rd extension Date Period (months)

4th extension Date Period (months)

Fees and Financial obligations:

Type of sponsorship:

(a) Self (b) Other

Name and address of sponsor

Copy of the receipt of payment for required fees:

Required payments	Verification status	Remarks (if any)
University fees		
Registration fees		
Studentship fees		

FOR OFFICIAL USE ONLY

Confirmation of Registration

The student is registered for the year

FOR: DIRECTOR OF POSTGRADUATE STUDIES

Name of Registration Officer

Date **Signature and Official Stamp**

Note: Students not registered will be considered to have absconded