



UNIVERSITY OF DAR ES SALAAM

Directorate of Postgraduate Studies

CHANGE OF PROGRAMME REQUEST FORM¹

(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: Semester: Academic Year:.....

Programme:

Department: Academic Unit:

2. Personal Contacts

Postal Address:

Mobile Number: Other Telephone Numbers:

Email:

3. Change of Programme²

- a) **Current Programme:**
- Department:
- College/School/Institute:
- b) **New Programme:**
- Department:
- College/School/Institute:

4. Candidate's Academic Profile in the Current Programme

- a) Actual Date of Commencement of Studies:.....
- b) Number of weeks attended classes in the Current Programme:

5. Purpose for Changing the Programme:

.....

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.....

Signature: **Date:**

For Official Use Only

¹This form should be filled in by candidates who have already registered to undertake postgraduate studies at the University of Dar es Salaam.No student shall be allowed to change subjects/courses/programmes after the fourth week of commencement of the semester.

²Transferring from one academic programme to another will be allowed only if the candidate possesses the required admission criteria for the programme for which transfer is being sought and if a vacancy exists in that programme. A copy of admission letter and academic transcripts MUST be attached to the form for the request to be considered.

RECOMMENDATIONS FROM THE CURRENT PROGRAMME

1. Comments by the Head of Department:

a) Recommended

b) Not Recommended

Remarks (if any):

.....

Name: Signature: Date:

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

a) Recommended

b) Not Recommended

Remarks (if any):

.....

Name: Signature: Date:

RECOMMENDATIONS FOR THE NEW PROGRAMME

1. Comments by the Head of Department:

a) Recommended

b) Not Recommended

Remarks (if any):

.....

Name: Signature: Date:

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

a) Recommended

b) Not Recommended

Remarks (if any):

.....

Name: Signature: Date:

3. Recommendation by the Director of Postgraduate Studies:

a) Recommended

b) Not Recommended

Remarks (if any):

.....

Name: Signature: Date:

APPROVAL BY THE DVC-ACADEMIC:

a) Approved

b) Not Approved

Remarks (if any):

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SIGNATURE: DATE: