



# UNIVERSITY OF DAR ES SALAAM

## Directorate of Postgraduate Studies

### CHANGE OF PROGRAMME REQUEST FORM<sup>1</sup>

(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 Programme<sup>2</sup>**

- 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**

<sup>1</sup>This 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.

<sup>2</sup>Transferring 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): .....

.....

**SIGNATURE: ..... DATE: .....**