

UNIVERSITY OF DAR ES SALAAM P.O. BOX 35091 DAR ES SALAAM, TANZANIA TRANSCRIPT REQUEST FORM

Student's Last Name: First Name: Middle Name: Student's Reg. No.: Reliable Phone No.: Current address: E-mail address: Date of last attendance and degree, diploma or certificate awarded: Date: Award: Failure to provide complete information may delay or prevent processing of your transcript request.			
CHECK ONLY ONE BETWEEN THE FOLLOWING		NO. OF	
Are the transcripts to be posted or collected?		COPIES	
Posted Physically collected If to be posted, provide name and address of each transcript recipient on a mailing label. One copy will be sent to each unless otherwise indicated. NB: The University does not bear any responsibility for any loss that may occur during postage.	то		
Total number of official transcripts required to complete this			
request:			
Total amount paid: TShs			
Receipt No: CHARGES AND MODES OF PAYMENT		NO. OF COPIES	
(a) For Tanzanians, 10,000/= for first copy and 5,000/= for	TO:		
subsequent copies ordered at the same time. (b) For foreigners, USD 20 for first copy and USD 10 for subsequent copies ordered at the same time. (c) Payments should be made by cash, money-order or Bank Draft to: The Bursar, University of Dar es Salaam. (d) Attach the receipt with this application form.			
OTHER REQUIREMENTS		• • • • • • • • • • • • • • • • • • • •	
 (a) Graduates of 2006 and after should bring one coloured passport size photo while those who graduated in 2005 and before should bring a black & white passport size photo. (b) Graduates MUST bring the original birth certificate, O-level and A-level secondary education certificates or equivalents for 	ТО	NO. OF COPIES	
verification.	TO:		
(c) Where transcripts have been requested to be sent, graduates should bring self addressed air-mail postage paid or prepaid express mail service envelopes for 100g package.(d) Transcript requests will not be processed before submission of duly signed debt free clearance form.(e) Allow a maximum of 7 working days to process a transcript.			
NOTE: THIS REQUEST WILL NOT BE PROCESSED			
UNLESS SIGNED BY THE STUDENT OR ACCOMPANIED BY STUDENT'S LETTER OF AUTHORISATION.	For Official Use Only:		
I hereby authorise the release of my transcript in compliance with the legislation on the confidentiality of information. I also understand that transcripts are withheld when fees and other debts are outstanding. It is a criminal offence to sign this form	Transcripts prepared by:		
on behalf of someone else without a written authorisation. Date:	Date sent/issued:		