



UNIVERSITY OF DAR ES SALAAM

Affix two
stamp size
black & white
photographs

APPLICATION FOR CREDIT TRANSFER

Return this form to:

Instructions

- This application must be accompanied by:
 - Letter of introduction from the university which is the source of the credit(s)
 - Certified copies of certificates used to gain admission in the previous university
 - A copy of the courses/subjects description or syllabus(es) at the time studies where taken, indicating course content, contact hours, method of evaluation, and grading system
 - Birth certificate
 - Original pay-in-slip for payment of application fee (excluding UDSM students).
- An official transcript from previous studies must be sent directly by the source university.
- Students must not consider credit transfer granted until they receive official notification from the University.
- Credit transfer may be approved only for the programme stated below and cannot be transferred to another programme without further application.

Director of Undergraduate Studies,
(Or Dean, Graduate School - for Postgraduate applicants)
University of Dar es Salaam,
P.O. Box 35091,
Dar es Salaam, Tanzania.
Tel: +255-22-2410513/544
Fax: +255-22-2410078
E-mail: dus@admin.udsm.ac.tz

Please note: incomplete applications will not be processed.

PART A: TO BE COMPLETED BY THE APPLICANT

Applying as a: transfer student returning UDSM¹ student

1. PERSONAL PARTICULARS

- 1.1 Last Name (Block Letters):
 First Name: Middle Names:
 Registration number (for returning UDSM students).
- 1.2 Sex: Male Female 1.3 Date of Birth:
- 1.4 Place of Birth: 1.5 Citizenship:
- 1.6 Religion: 1.7 Marital Status:
- 1.8 Mailing Address:
- 1.9 Telephone Number(s): E-mail:
- 1.10 Any disability? None Physical Visual Hearing Speech

(Note: This Information is required for the University to arrange appropriate means of assisting you once admitted. It will in no way affect the decision to admit you)

2. DEGREE PROGRAMME YOU ARE SEEKING CREDIT TRANSFER FOR

2.1 Degree programme applying for at UDSM

2.2 Campus applying for:

- Main campus IJMC² DUCE³ MUCE⁴

¹ University of Dar es Salaam
² Institute of Journalism and Mass Communication
³ Dar es Salaam University College of Education
⁴ Mkwawa University College of Education

3. REASONS FOR SEEKING CREDIT TRANSFER

Clearly state the reason for seeking credit transfer (*attach evidence to support your case*)

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4. COURSES FOR WHICH CREDIT TRANSFER IS SOUGHT

<i>For applying student to complete</i>				<i>For Department use only</i>			
Previous institution:				UDSM course code	Course units	Equivalent UDSM grade	Reason if rejected
Title of degree (previous):							
Course Code	Course Title	Contact hours	Grade/Mark				

Please attach additional sheet if necessary

5. DECLARATION AND SIGNATURE

I declare that I have read the instructions on this application form and that the information provided by me is true and complete. I recognise that it is my responsibility to provide all necessary documentation to support my application and I authorise University of Dar es Salaam to obtain further relevant documentation where necessary. I acknowledge that University of Dar es Salaam reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information. I accept that information provided by me will be retained by University of Dar es Salaam and will be made available to other agencies, pursuant to obligations under Universities Act 2005 and national policies. I have read and understand the above conditions and am prepared to accept them in full.

Signature: Date(day/month/year): /..... /.....

PART B: TO BE FILLED BY HEAD OF DEPARTMENT

Credit transfer is recommended as in part 4 above.

Recommended Degree Programme:

Year of study to join: Semester:

Academic year:

Reasons for the recommendations:

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Date:

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Signature of Head of Department

PART C: TO BE FILLED BY FACULTY/SCHOOL DEAN

Recommendations:

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Date.....

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Signature of the Dean

PART D: COMMENTS BY THE CHAIRMAN OF SENATE UNDERGRADUATE STUDIES COMMITTEE

Recommendations:

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Date.....

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Signature of the DVC (ARC)

PART E: COMMENTS BY THE CHAIRMAN OF SENATE

Recommendations:

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Date.....

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Signature of the Vice Chancellor