

UNIVERSITY OF DAR ES SALAAM

Directorate of Research and Publication

STUDENT RESEARCH PERMIT APPLICATION FORM

(This form should be filled in quadruplicate)

PRELIMINARY INFORMATION

1. Personal Profile (Names should appear as per Academic Certificates)

Surname:.....First Name:..... Middle Names:.....

Sex Nationality:

Registration Number:..... Date and Year of Entry:

Programme:

Department: College/School/Institute:

2. Personal Contacts

Postal Address:Place.....

Mobile Number: Other Telephone Numbers:

Email:.....

3. Supervisor(s)

Lead Supervisor

Name:

Department: College/School/Institute:

Mobile Number: Other Telephone Numbers:

Email:.....

Second Supervisor (if Assigned)

Name:

Department: College/School/Institute:

Mobile Number: Other Telephone Numbers:

Email:.....

DETAILS OF THE RESEARCH

4. Proposed Research Title:.....

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5. Proposed Dates of Research:

Date of Commencement: Date of Completion.....

Research Duration:..... (in months)

6. Financial Details:

Estimated Research Budget: (in TZS/USD)

Source of Research Funds: Self/Family Sponsored by an Organization

Name of Sponsoring Organization (if Applicable):

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7. Research Location/Site (you may use a separate sheet using this format if they are many)

S/N	Region	District Council/ Municipality	Ward	Village/Street
1.				
2.				
3.				
4.				
5.				

8. List of Organizations under which interviews will be conducted (you may use a separate sheet using this format if they are many)

S/N	Title/Designation	Organization	Postal Address	Place	Telephone/Mobile Number	Email
1.						
2.						
3.						
4.						
5.						

SUPPORTING DOCUMENTS

- i) Certified Current Student Financial Statement showing no tuition fee balance
- ii) Copy of the Valid student ID for the whole period of your research
- iii) Copy of the Research proposal as Approved by the Relevant Department/College Board

DATE SUBMITTED: **SIGNATURE:**

For Official Use Only

AUTHORIZATION OF ISSUANCE OF RESEARCH PERMIT

1. Comments by the Supervisor:

- a) Recommended
- b) Not Recommended

Remarks (including title of the Research if any):

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Name: Signature: Date:

2. Comments by the Head of Department:

a) **Recommended**

b) **Not Recommended**

Remarks (including title of the Research if any):

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Name: Signature: Date:

3. Recommendation by the Principal/Dean/Director of the College/School/Institute:

a) **Recommended**

b) **Not Recommended**

Remarks (including title of the Research if any):

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Name: Signature: Date:

4. Recommendation by the Director of Research and Publication:

a) **Recommended**

b) **Not Recommended**

Remarks (including title of the Research if any):

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Name: Signature: Date: