

UNIVERSITY OF DAR ES SALAAM

Directorate of Research and Publication

STAFF RESEARCH PERMIT APPLICATION FORM

(This Application Should be completed by the Project Investigator)

1. **Research Project Registration Number:**
2. **Research Project Title:**
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.....
3. **Personal Details of the Lead Researcher (Project Investigator)**
Name:
Title: Professor/Associate Professor/Senior Lecturer/Lecturer/Assistant Lecturer/Tutorial Assistant
Department: Academic Unit:
Mobile Number: Other Telephone Numbers:
Email:
(Please attach copy of your Staff ID and other researchers' Staff or Student IDs to be involved in the study)
4. **Financial Details:**
Amount of Funds:
Source of Funds: Foreign Domestic:
Name of Funder/Funding Organization:
.....
5. **Proposed Dates of Research:**
Date of Commencement: Date of Completion.....
Research Duration: (in months)
6. **Type of Research:**
 - a. Commissioned Research/Consultancy
 - b. Postdoctoral
 - c. Staff Development (Masters/PhD studies undertaken abroad)
 - d. Other (specify).....

7. **Other UDSM Researchers to be involved (if Applicable)**

S/N	Name	Department	College/School/ Institute	Mobile Number	Email
1.					
2.					
3.					
4.					
5.					

8. Research Affiliates/Associates to be involved (if Applicable) *

S/N	Name	University	Country	Mobile Number	Email	Hosting Unit	Academic
1.							
2.							
3.							
4.							

9. Research Site/ Location (you may use a separate sheet using this format)

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

10. List of Organizations under which interviews will be conducted (you may use a separate sheet using this format)

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

SUPPORTING DOCUMENTS

- i) Approved Research Project Document/Agreement
- ii) Evidence of the Payment of Institutional Fee
- iii) Certificate of Registration of the Research Project
- iv) Copy of UDSM Staff or Student IDS
- v) Copy of Approval Letter of Research Affiliate

DATE SUBMITTED: SIGNATURE:

For Official Use Only

AUTHORIZATION OF ISSUANCE OF RESEARCH PERMIT

1. Comments by the Head of Department:

a) Recommended b) Not Recommended

Remarks (if any):

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Name: Signature: Date:

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

a) Recommended b) Not Recommended

Remarks (if any):

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Name: Signature: Date:

3. Recommendation by the Director of Research and Publication:

a) Recommended b) Not Recommended

Remarks (if any):

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Name: Signature: Date:

NB: Research Affiliates/Associates should complete a separate form to get approval from University Management and COSTECH prior starting their research activities in Tanzania.

Annex 1: Research Location/Site

S/N	Region	District Council/ Municipality	Ward	Village/Street	Assigned Researcher
1.					
2.					
3.					
4.					
5.					
6.					
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15.					