 UDSM/PG.F4

**UNIVERSITY OF DAR ES SALAAM**

***Directorate of Postgraduate Studies***

**CHANGE OF CAMPUS / CHANGE OF PROGRAMME DELIVERY MODE REQUEST FORM1**

**(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: ..............................................................

1. **Personal Contacts**

Postal Address: …..........…….…………………..............….........................………...............……

Mobile Number: .......................……….........….. Other Telephone Numbers: ...…….…........

Email:………………..........…….………………….….........................………........................……

1. **Change of Campus/Programme Mode of Delivery[[1]](#footnote-2)**
2. Current Mode of Delivery/Campus:

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1. New Mode of Delivery/Campus:

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1. **Candidate’s Academic Profile in the Current Programme**
2. Actual Date of Commencement of Studies:.......................................................................................
3. Number of weeks attended classes in the Current Programme: ...........................................
4. **Purpose for Changing programme delivery mode/ Campus where to conduct your study:**

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**Signature: ............................................... Date: .......................................**

**For Official Use Only**

**RECOMMENDATIONS BY THE NEW CAMPUS/ PROGRAMME**

1. **Comments by the Head of Department:**
2. **Recommended b) Not Recommended**

Remarks (if any): .............................................................................................................................................

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Name: ........................................................ Signature: ............................................. Date: ...........................

1. **Comments by the Principal/Dean/Director of the Academic Unit:**
2. **Recommended b) Not Recommended**

Remarks (if any): .............................................................................................................................................

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Name: ........................................................ Signature: ............................................. Date: ...........................

1. **Recommendation by the Director of Postgradaute Studies:**
2. **Recommended b) Not Recommended**

Remarks (if any): .............................................................................................................................................

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Name: ........................................................ Signature: ............................................. Date: .............................

1. **Approval by the DVC-Academic:**
2. **Approved b) Not Approved**

Remarks (if any): .............................................................................................................................................

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

1. Transferring from one campus/delivery mode within the same programme 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/campus. A copy of admission letter and academic transcripts MUST be attached to the form for request to be considered. [↑](#footnote-ref-2)