##### UDSM/PG.F13

**UNIVERSITY OF DAR ES SALAAM**

***Directorate of Postgraduate Studies***

**POSTPONEMENT OF STUDIES FORM\*[[1]](#footnote-2)**

**(This form should be filled in quadruplicate)**

1. **Personal Profile**

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

Sex ……..................…. Nationality: ...........................................Mobile No:.................................................

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

Year of Study( e.g 1st, 2nd ): .............................. Semester: .................... Academic Year:................................

Programme: .......................................................................................................................................................

Department: ........................................................ Academic Unit: ....................................................................

1. **Personal Contacts**

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

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

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

1. **Reasons for Postponement of Studies[[2]](#footnote-3):** *Please tick (√) the appropriate box*

**Medical /Financial /Social / Others**

Briefly Explain[[3]](#footnote-4):

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1. **Postponement Period Sought[[4]](#footnote-5)**

Starting Date: ............................................... Expected Date of Resuming Studies: .......................................

1. **Postponement History**

1st Postponement: From: ................................................. To: .......................................................

2nd Postponement: From: ................................................ To: .......................................................

3rd Postponement: From: ................................................ To: .......................................................

1. **You will be required to attach a copy of this form on resuming studies**

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

**For Official Use Only**

**AUTHORIZATION FOR POSTPONEMENT OF STUDIES**

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. **Recommendation by the DVC-Academic:**
2. **Recommended b) Not Recommended**

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

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

1. **Approval by the Vice Chancellor:**
2. **Approved b) Not Approved**

Remarks (if any)

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

1. This form is applicable to be filled in by candidates who are pursuing postgraduate programmes by Coursework and Dissertation and who are at coursework stage as stipulated in the University of Dar es Salaam Postgraduate Regulations. No candidate can be allowed to postpone studies if the candidate has not paid tuition fees and officially be registered for studies. [↑](#footnote-ref-2)
2. A candidate may attach any relevant documents to support his/her request. [↑](#footnote-ref-3)
3. If Postponement is sought on medical grounds, candidate MUST attach a medical report certified by the Medical Officer In charge of the University of Dar es Salaam Health Centre. [↑](#footnote-ref-4)
4. Students shall be allowed to be away from the University studies for amaximum of two years if they are to be re-admitted to the same programme and to the year of studies where they left. [↑](#footnote-ref-5)