##### UDSM/PG.F15

**UNIVERSITY OF DAR ES SALAAM**

***Directorate of Postgraduate Studies***

**UNFREEZING/RESUMING OF STUDIES FORM\*[[1]](#footnote-2)**

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

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

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

1. **Personal Contacts**

Postal Address: …..........…….…………………..Mobile Number: .......................……….........….. Other Telephone Numbers: ...…….….............……….Email:………………..........…….…………

1. **Indicate the type of your request:**
2. **Unfreezing**
3. **Resuming**
4. **Postponement History**

|  |  |  |  |
| --- | --- | --- | --- |
| **Number of Freezing/Postponement**  | **Freezing/Postponement Date** | **Unfreezing/Resuming Date** | **Reason(s)** |
| 1st Freezing/Postponement  |  |  |  |
| 2nd Freezing/Postponement |  |  |  |
| 3rd Freezing/Postponement |  |  |  |

1. **Proposed date of Unfreezing/Resuming Studies:**

|  |  |  |
| --- | --- | --- |
| **Date** | **Semester** | **Academic Year** |
|  |  |  |

**NB: Please attach a copy of the permission for Freezing/Postponement of Studies Form for your request to be processed[[2]](#footnote-3)**

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

**For Official Use Only**

**AUTHORIZATION FOR UNFREEZING/RESUMING 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. Please attach copy of the dully filled in form for postponing of studies to substantiate that the applicant had previously sought approval for FREEZING/POSTPONEMNT of studies. [↑](#footnote-ref-2)
2. If the candidate did not formally request for postponement/freezing of Studies, he/she MUST write a letter to the Director of Postgraduate studies through academic units to apply for retrospective freezing/postponement of studies so that the request for unfreezing/resuming of studies can be considered administratively. [↑](#footnote-ref-3)