##### UDSM/PG.F2

###### **UNIVERSITY OF DAR ES SALAAM**

**DIRECTORATE OF POSTGRADUATE STUDIES**

**REGISTRATION FORM FOR CONTINUING POSTGRADUATE STUDENTS**

**Surname** …………..................……… **First Name** …………….……... **Middle Name** ………......

**Reg. No**. …………………................. **Sex**: ………... **Nationality**: .............................................

**College/School/Institute** ………………..…........ **Department**: ………….........…….....................

Programme details

Course registered for …………………………..................................……….......................

Form of studies: Thesis/Course-work ……….........................................................………..

Date of beginning studies ……………………..........................................................……....

Expected date of completion ………..........................................................………………...

Registration:

Date of Registration …………...........................................................................………….

Record of Postponement/Freezing/Extension

Postponement:

Date of 1st postponement ………....................

Date of resumption..……………………

Date of 2nd postponement …….......................

Date of resumption..……………………

Freezing:

Date of 1stfreezing ………………..……

Date of resumption..……………………

Date of 2nd freezing ……………………

Date of resumption …………………….

Extension: Indicate date and period of extension.

1st extension Date ……………….…… .... Period (months) ….....................

2nd extension Date …………………… .... Period (months) …......................

3rd extension Date ……………………..... Period (months) …......................

4th extension Date ……………………. .... Period (months) …......................

Fees and Financial obligations:

Type of sponsorship:

(a) Self …………. (b) Other …...............................................................……

Name and address of sponsor …………………………………………...............………..

……………………………………………………………………….......................

……………………………………………………………………...............………

Copy of the receipt of payment for required fees:

|  |  |  |
| --- | --- | --- |
| **Required payments** | **Verification status** | **Remarks (if any)** |
| University fees |  |  |
| Registration fees |  |  |
| Studentship fees |  |  |

**FOR OFFICIAL USE ONLY**

**Confirmation of Registration**

The student is registered for the year ...................................................

**FOR: DIRECTOR OF POSTGRADUATE STUDIES**

**Name of Registration Officer ……….........……………………………....…..………**

**Date ……………………………. Signature and Official Stamp ………………………**

Note: Students not registered will be considered to have absconded