##### UDSM/PG.F3

**UNIVERSITY OF DAR ES SALAAM**

***Directorate of Postgraduate Studies***

**CHANGE OF PROGRAMME REQUEST 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: ......................... Semester: ........................... Academic Year:...................................

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

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

1. **Personal Contacts**

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

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

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

1. **Change of Programme[[2]](#footnote-3)**
2. **Current Programme:** .........................................................................................................

Department: ..........................................................................................................................

College/School/Institute: ......................................................................................................

1. **New Programme:** ...............................................................................................................

Department: ......................................................................................................................

College/School/Institute: .....................................................................................................

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 the Programme:**

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

**For Official Use Only**

**RECOMMENDATIONS FROM THE CURRENT 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: ...........................

**RECOMMENDATIONS FOR THE NEW 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: .............................

**APPROVAL BY THE DVC-ACADEMIC:**

1. **Approved b) Not Approved**

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

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

1. This form should be filled in by candidates who have already registered to undertake postgraduate studies at the University of Dar es Salaam.No student shall be allowed to change subjects/courses/programmes after the fourth week of commencement of the semester. [↑](#footnote-ref-2)
2. Transferring from one academic programme to another 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. A copy of admission letter and academic transcripts MUST be attached to the form for the request to be considered. [↑](#footnote-ref-3)