##### UDSM/PG.F17

**UNIVERSITY OF DAR ES SALAAM**

***Directorate of Postgraduate Studies***

**RETURNING FROM TRAVEL 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: ............................... 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. **Place of Travel:** (*Please tick (√) the appropriate box)*
2. Within the Country b) Outside the Country

District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Region: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Date of Travel:**

From: ................................................................ To: .........................................................................

1. **Date Returning from Travel: .................................................................................**
2. **Date Reporting for Studies:.......................................................................................**

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

**For Official Use Only**

**AUTHORIZATION PROCESS FOR RETURNING FROM TRAVEL REQUEST**

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. Please attach with this form Permission to Travel form which was approved by the Deputy Vice Chancellor-Academic. [↑](#footnote-ref-2)