##### UDSM/PG.F5

**UNIVERSITY OF DAR ES SALAAM**

**DIRECTORATE OF POSTGRADUATE STUDIES**

**NOTICE OF INTENTION TO SUBMIT A THESIS/DISSERTATION AND EXAMINATION ARRANGEMENTS\***

**SECTION A: TO BE COMPLETED BY THE CANDIDATE**

(1) Name in full: ....................……………………................... ……...................................

(2) Registration number: .......................................................................................................

(3) Department: ...................................................................................................................

(4) College/School/Institute: ................................................................................................

(5) Degree registered for: .....................................................................................................

(6) Title of thesis/dissertation: ...................................….............…………………………..

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(7) Name(s) of Supervisor(s) ..........................................................................................

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(8) I hereby declare that I have completed my thesis/dissertation research, and intend to submit my thesis/dissertation within the coming three months.

Signature of Candidate: ................................................... Date: ...................................

**SECTION B: TO BE COMPLETED BY SUPERVISOR(S)**

(9) I/We hereby confirm that the candidate is in the process of drafting his/her thesis/dissertation and I am/we are of the opinion that he should be in a position to submit the thesis/dissertation within three months from now.

Signature of Supervisor: ..................................................Date: .....................................

Signature of Supervisor: .....................................................Date: ..................................

Signature of Supervisor: ................................................. Date: .....................................

**SECTION C: TO BE COMPLETED BY THE HEAD OF DEPARTMENT**

After consultation with the supervisor(s) of the candidate, I propose that the following be considered for appointment as examiners for the candidate’s thesis/dissertation:

**(a) Potential External Examiners**

(10) Name:...............................................................................................................................

Affiliation: .......................................................................................................................

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

Telephone:.............................................. Fax: .................................................................

Email:...............................................................................................................................

Curriculum Vitae: Attached Not attached

(11) Name:...............................................................................................................................

Affiliation: .......................................................................................................................

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

Telephone:................................................. Fax: ..............................................................

Email:............................................................................................................................... Curriculum Vitae: Attached Not attached

**(b) Proposed Internal Examiners**

(12) Name:...............................................................................................................................

Affiliation: ....................................................................................................................

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

Telephone:............................................ Fax: ...................................................................

Email:...............................................................................................................................

Curriculum Vitae: Attached Not attached

(13) Name:...............................................................................................................................

Affiliation: .......................................................................................................................

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

Telephone:................................................. Fax: ..............................................................

Email:...............................................................................................................................

Curriculum Vitae: Attached Not attached

**SECTION D: TO BE COMPLETED BY PRINCIPAL OF COLLEGE/DEAN OF SCHOOL/DIRECTOR OF INSTITUTE**

(a) I certify that, the proposed examiners above have been approved by the Board/Committee of the College/School/Institute.

(b) In anticipation of the fact that the candidate will submit his/her thesis within three months from now, it is recommended that the *viva voce* be held in the month of ...............of the year............... . The exact date will be communicated later.

Signature of Principal/Dean/Director: ...........................….........Date: ...................................

**SECTION E: TO BE FILLED BY THE CHAIRPERSON, SPSC (on behalf of SPSC)**

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| --- | --- |
|  | The examination arrangements herewith are complete and are approved. |
|  | The examination arrangements are not complete for the reasons stated below, and are hereby referred back to the College/School/Institute |

The following items are missing or incomplete:

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**Date ........................................Signature of the Chairperson, SPSC .....................................**

* **To be filled in triplicate. Two copies of this form MUST be returned to the Department and College/School/Institute**.