##### UDSM/PG.F16

**UNIVERSITY OF DAR ES SALAAM**

***Directorate of Postgraduate Studies***

**PERMISSION TO TRAVEL FORM**

**(This form should be filled in quadruplicate)**

1. **Personal Profile**

Surname:.......................................First Name:................................... Middle Names:.........................

Sex …….........................… Nationality: ......................................... Mobile No........................................

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. **Reasons of Travel[[1]](#footnote-2):** *Please tick (√) the appropriate box*

**Academic / Social / Others**

Briefly Explain[[2]](#footnote-3):

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

**For Official Use Only**

**AUTHORIZATION FOR PERMISSION TO TRAVEL**

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:**

**WITHIN THE COUNTRY**

1. **Approved b) Not Approved**

**OUTSIDE THE COUNTY**

1. **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. **Approval by the DVC-Academic:**
2. **Approved b) Not Approved**

Remarks (if any):

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

1. If Permission to Travel is sought on academic grounds, the candidate shall state clearly academic benefits of the trip. The candidate may also attach any relevant documents that will support his/her request. [↑](#footnote-ref-2)
2. If permission to Travel is sought for other reasons apart from academic grounds, the candidate should outline how his/her absence from studies will not affect candidate’s academic progress. [↑](#footnote-ref-3)