##### UDSM/PG.F18

**UNIVERSITY OF DAR ES SALAAM**

**DIRECTORATE OF POSTGRADUATE STUDIES**

**APPLICATION FOR EXTENSION**

***(To be filled in quadruplicate)***

1. Name of Candidate: …………………………………………………………………….
2. Registration No.: ………………………………………………………………………..
3. College/School/Institute: ……………………………………………………………….
4. Department: ……………………………………………………………………………..
5. Degree/Diploma Proposed: ……………………………………………………………..
6. Nature of Programme (Tick one):

|  |  |  |
| --- | --- | --- |
| Degree | | |
| Masters | By coursework |  |
|  | By Thesis |  |
| PhD | By coursework |  |
|  | By Thesis |  |

1. Studies due to end on: ……………………………………….
2. Extension requested:

|  |  |
| --- | --- |
| 1st |  |
| 2nd |  |
| 3rd |  |

1. If 2nd and 3rd, an extension fee receipt should be enclosed.
2. Reasons for requesting an extension: …………………………………………………
3. ………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………
4. Period of extension: From ………………………… To ……………………………........
5. **Comments by Supervisor**: ……………………………………………………...............................................................
6. ………………………………………………………………………………………………………………………………………………………………………………........................................................................................................................................................................
7. Name: …………………………….. Signature: ……………………. Date: ……………
8. **Comments by Head**: ………………………………………………………..........................................................
9. ………………………………………………………………………………………………………………………………………………………………………………………………………………………………...............................................................................................
10. Signature: ……………………………………. Date: ……………
11. **Comments by Principal/Dean/Director**:

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1. ...……………………………………………………………… ……………….……………………………………………………………………………

………………………………………………………………………………………………

1. Signature: ……………………………………. Date: ……………...........................….…
2. **Chairperson, Senate Postgraduate Studies Committee (SPSC)**

Approved: Not approved

Signature: ……………………………………. Date: ……………...........................….…