##### UDSM/PG.F20

Affix two stamp size Black & White photographs

|  |  |  |
| --- | --- | --- |
|  | **UNIVERSITY OF DAR ES SALAAM*****Directorate of Postgraduate Studies*** |  |

**APPLICATION FORM FOR CREDIT TRANSFER INTO POSTGRADUATE PROGRAMMES**

|  |  |
| --- | --- |
| *Instructions* 1. This application must be accompanied by:
* Letter of introduction from the university which is the source of the credit(s)
* Certified copies of certificates used to gain admission in the previous university
* A copy of the courses/subjects description or syllabus (es) at the time studies where taken, indicating course content, contact hours, method of evaluation, and grading system
* Birth certificate
* Original pay-in-slip for payment of application fee (excluding UDSM students).
1. An official transcript from previous studies must be sent directly by the source university.
2. Students must not consider credit transfer granted until they receive official notification from the University.
3. Credit transfer may be approved only for the programme stated below and cannot be transferred to another programme without further application.

**Please note: incomplete applications will not be processed.** | **To be filled in triplicate and sent to;**Director of Postgraduate StudiesUniversity of Dar es SalaamP.O. Box 35091, Dar es Salaam Tel: +255 22 2410500 – 9 Ext. 2010 or 2017/Direct Line 255 22 2410069 or +255 22 2410016 Fax: +255 22 2410078 Email: admission.dpgs@udsm.ac.tz or dsgs@admin.udsm.ac.tz |

**PART A: TO BE COMPLETED BY THE APPLICANT**

Applying as a: transfer student returning UDSM1student

1. **PERSONAL PARTICULARS**

|  |  |
| --- | --- |
| 1.1  | Last Name (Block Letters): ……………………………………………..………………..…………  |
| First Name: ………………………. | Middle Names: .……………………….……………....……….....  |
| Registration number ……………………………………. (for returning UDSM students).  |
| 12  | Sex: Male Female  | 1.3  | Date of Birth: …………….…………..…...….  |
| 1.4  | Place of Birth: ………………...........….  | 1.5  | Citizenship: .…….………………..……...…...  |
| 1.6  | Religion: ………......................…...........  | 1.7  | Marital Status: ………...………………..…….  |
| 1.8 | Mailing Address: …..……....………………………………………..……………….…………….. |
| 1.9 | Telephone Number(s): ……………………..…………... E-mail: ……….…………...…….……..  |
| 1.10 | Any disability? None Physical Visual Hearing Speech |
|  | *(Note: This Information is required for the University to arrange appropriate means of assisting you once admitted. It will in no way affect the decision to admit you)* |

1. **DEGREE PROGRAMME YOU ARE SEEKING CREDIT TRANSFER FOR**

|  |  |
| --- | --- |
| 2.1  | Degree programme applying for at UDSM ……………..……….………….…...…………………. |
| 2.2 | Campus applying for:  Main campus SJMC2 DUCE3MUCE4 COICT5  IMS6MUCHAS7 |

|  |
| --- |
| University of Dar es Salaam 2 Institute of Journalism and Mass Communication; 3 Dar es Salaam University College of Education; 4 Mkwawa University College of Education ;5College of Information and Communication Technologies; 6Institute of Marine Sciences7Mbeya University College of Health Sciences  |

1. **REASONS FOR SEEKING CREDIT TRANSFER**

Clearly state the reason for seeking credit transfer *(attach evidence to support your case)*

………………………………………………………………………………………………………………………………………………........................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................................

1. **COURSES FOR WHICH CREDIT TRANSFER IS SOUGHT**

|  |  |
| --- | --- |
| *For applying student to complete*  | *For Department use only*  |
| Previous institution:  | UDSM course code  | Course units  | Equivalent UDSM grade  | Reason if rejected  |
| Title of degree (previous): |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

*Please attach additional sheet if necessary*

1. **DECLARATION AND SIGNATURE**

I declare that I have read the instructions on this application form and that the information provided by me is true and complete. I recognise that it is my responsibility to provide all necessary documentation to support my application and I authorise University of Dar es Salaam to obtain further relevant documentation where necessary. I acknowledge that University of Dar es Salaam reserves the right to vary or reverse any decision regarding admission or enrolment made on the basis of incorrect or incomplete information. I accept that information provided by me will be retained by University of Dar es Salaam and will be made available to other agencies, pursuant to obligations under Universities Act 2005 and national policies. I have read and understand the above conditions and am prepared to accept them in full.

Signature: ……………………………..….. Date (day/month/year): ………./… ..... /……………

**PART B: TO BE FILLED BY HEAD OF DEPARTMENT**

Credit transfer is recommended as in part 4 above.

Degree Programme: ………………………………............................................………..............…………………….

Year of study to join: ……………………….... Semester: ………..............Academic year: ………………………

**Comments by the Head of Department**

1. **Recommended b) Not Recommended**

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

..............................................................................................................................................................................................................................................................................................................................................................................

Name: ........................................................ Signature: .................................... Date: .........................................

**PART C: TO BE FILLED BY THE PRINCIPAL/DEAN/DIRECTOR OF THE ACADEMIC UNIT**

**Comments by the Principal/Dean/Director of the Academic Unit:**

1. **Recommended b) Not Recommended**

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

.......................................................................................................................................................................................

.......................................................................................................................................................................................

Name: ........................................................ Signature: ..................................... Date: .........................................

**PART D: TO BE FILLED BY DIRECTOR OF POSTGRADAUTE STUDIES**

**Recommendation by the Director of Postgradaute Studies:**

1. **Recommended b) Not Recommended**

Remarks (if any):

.......................................................................................................................................................................................

.......................................................................................................................................................................................

Name: ........................................................ Signature: ................................. Date: .........................................

**PART D: TO BE FILLED BY THE CHAIRMAN OF SENATE CHAIRMAN OF SENATE POSTGRADUATE STUDIES COMMITTEE (SPSC)**

 **Recommendation bythe Chairman of Senate Postgraduate Studies Committee (SPSC)**

1. **Approved b) Not Approved**

Remarks (if any):

...........................................................................................................................................................................

..............................................................................................................................................................................................................................................................................................................................................................................

Name: ........................................................ Signature: ................................... Date: .........................................

**PART D: TO BE FILLED BY BY THE CHAIRMAN OF SENATE**

 **Recommendation bythe Chairman of Senate**

1. **Approved b) Not Approved**

Remarks (if any):

............................................................................................................................................................

..............................................................................................................................................................................................................................................................................................................................................................................

Name: ........................................................ Signature: .................................... Date: .........................................