



**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. Faculty:
5. Department:
6. Degree/Diploma Proposed:
7. Nature of Programme (Tick one):

Degree		
Masters	By coursework	
	By Thesis	
PhD	By coursework	
	By Thesis	

8. Studies due to end on:
9. Extension requested:

1 st	
2 nd	
3 rd	

10. If 2nd and 3rd, an extension fee receipt should be enclosed.

11. Reasons for requesting an extension:

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12. Period of extension: From To:.....

13. **Comments by Supervisor:**

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Name: Signature: Date:

14. **Comments by Head of Department:**

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Signature: Date:

15. Comments by Dean of Faculty:

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Signature: Date:

16. Chairperson, College Academic Committee (CAC)

Approved: Not approved

Signature: Date: