

P.O. Box 23409 Fax: 255-22-2668759  
Dar es Salaam, Tanzania,  
<http://www.out.ac.tz>



Tel: 255-22-2666752/2668445 ext.100  
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E-mail: [drpc@out.ac.tz](mailto:drpc@out.ac.tz)

**NOTICE OF INTENTION TO SUBMIT DISSERTATION  
MASTERS (BY COURSEWORK) EXAMINATION ARRANGEMENT  
(To be completed in Triplicate)**

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

- (1) Name in Full: .....
- (2) Registration Number.....
- (3) Department: .....
- (4) Faculty:.....
- (5) Degree Registered for:.....Hybrid).....

(7) Approved Title of

Dissertation:.....  
.....  
.....

(8) Name of Approved Supervisor:.....

Email Address: .....

Mobile phone number: .....

**CANDIDATE DECLARATION**

(9) I hereby declare that I have completed my dissertation research, and met all the  
Requirements for the award of .....

Degree and I intend to submit my Dissertation for examination within the coming threemonths.

**Date:** ..... **Signature of student:** .....

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

(10) I/We hereby confirm that the candidate is in the process of drafting his/her dissertation and I am/we are of the opinion that he/she should be in a position to submit the dissertation within 3 months from now.

Supervisor's Name: .....

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

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

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

**(a) Potential External Examiners**

SN	Name	Postal address	Email address	Phone No.

**(b) Proposed Internal Examiners**

SN	Name	Postal address	Email address	Phone No.

**Name: (HoD):** .....

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

**SECTION D: RECOMMENDATION BY THE FACULTY DEAN**

Faculty Name: .....

Comments of the Dean Recommended/Not Recommended.....

Name .....

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

**SECTION E: TO BE COMPLETED BY THE DIRECTOR OF POSTGRADUATE STUDIES**

i) I approve recommended submission and examination arrangement

ii) I do not approve recommended submission and examination arrangement for the following

reasons: .....

Name .....

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