

THE OPEN UNIVERSITY OF TANZANIA  
 DIRECTORATE OF POSTGRADUATE STUDIES  
 REQUISITION FORM FOR RESEARCH CLEARANCE LETTER

Date: .....

1. Name of Student .....
2. Gender: .....
3. Registration No. .... Year of Entry .....
4. Faculty.....
5. Programme .....
6. Research Title: .....
7. Tentative dates for data collection: From.....to.....
8. Student Email.....
9. Student Phone Number .....
10. Research Locations / Site.....

SIN	Region	District Council Municipality	Name of Organization	Contact Person and Postal Address	Place
1					
2					
3					
4					
5					
6					

11. Date of submission .....Signature .....

12. Comments by Supervisor

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Name of Supervisor .....Signature..... Date.....