



**MZUMBE UNIVERSITY
(CHUO KIKUU MZUMBE)**

**DIRECTORATE OF RESEARCH, PUBLICATIONS AND POSTGRADUATE STUDIES
(DRPS)**

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APPLICATION FOR EXTENSION OF REGISTRATION

(To be filled in duplicate)

Name of Candidate:

Registration No.:

College/School/Institute:

Department:

Degree/Diploma Referred:

Nature of Programme (Tick one):

Degree		
Masters	By Coursework	
	By Thesis	
PhD		

Studies due to end on:

Extension requested (Please tick one):

1 st	
2 nd	
3 rd	
4 th	

If 2nd, 3rd, or 4th an extension fee receipt should be enclosed.

Reasons for requesting an extension (you can add a separate sheet if provided space is not enough):

.....
.....

Period of extension: From To

Comments/Recommendation by Supervisor:

.....
.....

Name:Signature:Date:.....

Comments/Recommendation by Head of Department:

.....

Signature: Date:

Comments/Recommendation by Principal/Dean/Director:

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.....

Name.....Signature:Date:

Comments/Recommendation by the Director DRPS.....

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Approved.....Not Approved.....

Reasons (if not approved)

Name.....Signature:Date:

Approval by DVC-Academic.....

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.....

Approved.....Not Approved.....

Reasons (if not approved)

Name.....Signature:Date: