

**THE OPEN UNIVERSITY OF TANZANIA  
DIRECTORATE OF POSTGRADUATE STUDIES**

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**NOTICE OF INTENTION TO SUBMIT DISSERTATION  
MASTERS BY COURSEWORK AND EXAMINATION ARRANGEMENTS  
(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:** .....

**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.
1.				
2.				

**(b) Proposed Internal Examiners**

SN	Name	Postal address	Email address	Phone No.
1.				
2.				

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: .....