

THE OPEN UNIVERSITY OF TANZANIA
DIRECTORATE OF POSTGRADUATE STUDIES

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REQUISITION FORM FOR RESEARCH CLEARANCE LETTER

Date:.....

1. Name of Student:.....
2. Gender:.....
3. Reg. Number:..... Year of Entry.....
4. Faculty.....
5. Programme.....
6. Title of Research:

7. Tentative dates for data collection:
 From.....to.....
8. Student Email.....
9. Student Phone Number.....
10. Research Location/site:

S/N	Region	District Council/ Municipality	Name of Organization	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.....