##### UDSM/ PG.F10

**UNIVERSITY OF DAR ES SALAAM**

**SUPERVISION ALLOWANCE CLAIM FORM**

**SECTION A: (To be filled by in by supervisor for each supervised student)**

…..........................…………………………………………………

…..........................…………………………………………………

……..........................………………………………………………

……..........................………………………………………………

(Name, Department, College/School/Institute, Address, mobile and Number

The Principal/Dean/Director,

College/School/Institute of ……………………...............................................…………………

University of Dar es Salaam

**Re: SUPERVISION ALLOWANCE CLAIM**

**SECTION A: (To be filled by the Supervisor)**

I certify that I served as a Supervisor for the postgraduate student specified in the table below for the academic year .….……/….……. Accordingly I hereby claim for payment of supervision allowance.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Student’s Name** | **Registration Number** | **Programme** | **Department** | **Names of Co-Supervisors (if any )** |
|  |  |  |  | (1) |
| (2) |
| (3) |
| (4) |

Account Name: …………………………............................................................................................…

Account Number : ………………............................................................................................…

Bank Name : ………………............................................................................................…

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

**SECTION B: (To be filled by the Head of Department)**

I Certify that Prof./Dr./Mr./Ms ………...............................……………….................………….. Supervised the above mentioned candidate. He/ She shared the supervision load together with the following co-supervisors:

|  |  |
| --- | --- |
| (1) ................................................................................. | (2) ................................................................................. |
| (3) ................................................................................. | (4) ................................................................................. |

I am satisfied with the supervision work he/she did and recommends that he/she be paid the supervision allowance.

Name of the Head of Department…………………………....................…............………......……..

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