

UNIVERSITY OF IRINGA



RESUMING OF STUDIES REQUEST FORM

(To be filled in duplicate)

1. Personal Information

Surname: _____ First Name _____ Middle Name _____

Registration No: _____ Year of Entry _____ Expected Year of Completion _____

Year of Study (e.g. 1st, 2nd): _____ Semester: _____ Academic Year: _____

Faculty: _____ Department: _____

Programme: _____ Specialty: _____

Mobile No: _____ Email address(s): _____

2. Postponement/Freezing Period Approved

One (1) Semester _____ Two (2) Semesters _____ from _____ to _____

3. Postponement/Freezing History: 1st Postponement/Freezing: From _____ to _____

2nd Postponement/Freezing: From _____ to _____

4. Are the reasons which lead to postponements/Freezing of your studies resolved? *(Briefly explain)*

(Please attach a complete signed copy of the postponement/freezing request form and a copy of your progress report prior to postponement of studies for your application to be processed)

Date of Application _____ Signature _____

For OFFICIAL USE ONLY (Authorization for Resuming Studies)

5. Recommendations by the Dean of Students

Name _____ Signature _____ Date _____

6. Recommendations by the Head of Department

Name _____ Signature _____ Date _____

7. Recommendations by the Dean of Faculty

Name _____ Signature _____ Date _____

8. Recommendations by the Director of Postgraduate Studies, Research, and Consultancy *(for postgraduate students only)*

Name _____ Signature _____ Date _____

9. Approval by the DVC ARC

Name _____ Signature _____ Date _____

Copy to file

Dean Faculty ____ Head of Department ____ Admission Officer ____ Dean of Students ____ SAMIS Admin ____ TCU ____