



# TANZANIA REVENUE AUTHORITY

ISO 9001:2015 Certified

INSTITUTE OF TAX ADMINISTRATION

## APPLICATION FOR POSTPONEMENT OF STUDIES/ ASSESSMENT FORM

(This form should be filled in quadruplicate)

### 1. Student's Personal Particulars

Last Name:..... Middle Names:.....First Name:.....  
Sex.....Nationality:.....Mobile No:.....  
Registration Number:..... Date and Year of Entry: ..... Expected Completion Date: .....  
Year of Study( e.g 1<sup>st</sup>, 2<sup>nd</sup>): ..... Semester: ..... Academic Year:.....  
Programme:.....Department: .....

### 2. Students Personal Contacts

Postal Address:.....  
Mobile Number: ..... Other Telephone Numbers:.....  
Email:.....

### 3. Reasons for Postponement of Studies<sup>1</sup>: Please tick (✓) the appropriate box

Medical  /Financial  /Social  / Others

Briefly Explain<sup>2</sup>:

.....  
.....  
.....  
.....

### 4. Postponement Period Sought<sup>3</sup>

Starting Date: ..... Expected Date of Resuming Studies: .....

### 5. Postponement History

1<sup>st</sup> Postponement: From: ..... To: .....  
2<sup>nd</sup> Postponement: From: ..... To: .....  
3<sup>rd</sup> Postponement: From: ..... To: .....

### 6. Details of Examinations/Assessments Affected

<sup>1</sup>A candidate may attach any relevant documents to support his/her request.

<sup>2</sup>If Postponement is sought on medical grounds, candidate MUST attach a medical report certified by the Medical Officer L.

<sup>3</sup>Students shall be allowed to be away from the University studies for a maximum of twelve months if they are to be re-admitted to the same programme and to the year of studies where they left.

Please note that in the case of continuous assessment, the dates of the supporting documentation must be relevant to the submission date of the assessment

Module Code	Module Title	Type of Assessment (e.g. CA, Exam etc)	Date of Exam or Submission of Assessment

**7. Declaration by Student**

I have read and understood the Postponement of Studies/Assessment/Examination Procedure. I understand that the Institute will consider me as fit to sit my assessments unless I make an application for postponement of students/assessment/examination. I understand that I must provide evidence in support of my application, and that the Institute will assess my claim in accordance with the Postponement of Studies/Examinations/Assessment Procedure. I can confirm that the information given on this form and the supporting evidence is true and accurate. I understand that if my application or supporting evidence is believed to be false, the Institute will terminate its consideration of the application and refer the matter to the Disciplinary Committee. I understand that the Institute may need to share information I have submitted with other persons or organisations in accordance with relevant Data laws of Tanzania. By submitting this form I authorise the University to consider my application and check that the evidence I have submitted is genuine.

DATE SUBMITTED: ..... SIGNATURE: .....

**8. You will be required to attach a copy of this form on resuming studies**

**For Official Use Only**

**AUTHORIZATION FOR POSTPONEMENT OF STUDIES**

**1. Comments by the Head of Department:**

a) Recommended       b) Not Recommended

Remarks ..... (if ..... any):

.....  
 Name: ..... Signature: ..... Date: .....

**2. Recommendation by the Head of Student Affairs:**

a) Recommended       b) Not Recommended

Remarks ..... (if ..... any):

.....  
 Name: ..... Signature: ..... Date: .....

3. Approval by the Deputy Rector (ARC):

b) Approved

Remarks (if any)

b) Not Approved

.....  
.....  
.....

SIGNATURE: ..... DATE: .....

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4. Action Taken by Chief Admissions Officer:

Name: ..... Signature: ..... Date: .....