

**MUHIMBILI UNIVERSITY OF HEALTH AND ALLIED SCIENCES
DIRECTORATE OF POSTGRADUATE STUDIES**



SUPERVISION ALLOWANCE CLAIM FORM

SECTION A: (To be filled in quadruplicate by the supervisor): I certify that I served as Supervisor(s) for the following postgraduate student(s) for the academic year/.....

NAME OF STUDENT(S)	TITLE	PG DEGREE	NAMES OF CO-SUPERVISORS
1.			1.
			2.
			3.
			4.
2.			1.
			2.
			3.
			4.
3.			1.
			2.
			3.
			4.

4.			1.
			2.
			3.
			4.
5.			1.
			2.
			3.
			4.

Accordingly I hereby claim for payment of Tshs being my
Supervision allowance for

.....
.....

Supervisor's Name: Signature:

Date:

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

I confirm that Prof./Dr./Mr./Ms..... supervised the above-mentioned student(s). He/She shared the supervision load with the following co-supervisors:

1.
2.
3.

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

NAME OF HEAD OF DEPARTMENT:

DATE:

SIGNATURE: