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CONFIDENTIAL

OFFICE OF THE DEPUTY RECTOR – ACADEMIC, RESEARCH AND CONSULTANCY APPEAL FORM AGAINST EXAMINATION RESULTS 2023/2024

Part A: (To be filled by the Appellant)¹

(1)	PERS	SONAL PARTICULARS							
(a)	Name of the candidate:								
(b)	Sex:								
(c)	Registration No.								
(e)	Department:								
(f)	Program Registered for								
(g)	Year of Study (I, II, III)								
(h)	Semester (I or II)								
(2).	Appe	Appealing against: (tick)							
	(a)	Discontinuation:	[]					
	(b)	Repeating a year of study:	[]					
	(c)	Supplementing: Module Code 1:							
		Module Code 2:							
		Module Code 3:							
	(d)	Others: Specify							

¹ To be filled by the candidate in triplicates

Form E-4

(3)	Majo	or reasons for the	appeal (Summary).		
(a	.) A	Academic:			
/1	` .				
(b) S				
		•••••			
(c) N	Medical:			
(d	1) (· =			
(4)		of supporting de	ocuments attached per ma appeal fee receipt).	jor reasons raised by t	he appellant
	(1.)				
	(b)				
	(c)				
	(•)				
	(d)				
			Date Coordinator plus any attacl		
		Name	Signature	Date	
Part (C: View		Department plus any attachr	ments	
			~.	_	
		Name	Signature	Date	,
Part l	D: View	s by the Director	of Academic Support Servic	es (DASS) plus any attacl	hments
		Name	Signature	Date	•
			C		