



APPEAL AGAINST ACADEMIC RECORDS: SEMESTER I – 2019/2020

Instructions: Fill this form and send it electronically to registrar@dit.ac.tz

TO: REGISTRAR

FROM: DEPARTMENT:

STUDENT'S RECORDS:

Name:	<input type="text"/>
Registration Number:	<input type="text"/>
Examination Number:	<input type="text"/>
Course Programme:	<input type="text"/>
Class:	<input type="text"/>
Module Code:	<input type="text"/>
Module Name:	<input type="text"/>
Mobile Phone Number:	<input type="text"/>

REASONS FOR APPEAL

Sign: Date:

Comments by Head of Department:

Sign: Date:

Comments by Registrar:

Sign:

Date: