



**SOKOINE UNIVERSITY OF AGRICULTURE
DIRECTORATE OF POSTGRADUATE STUDIES,
RESEARCH, TECHNOLOGY TRANSFER AND
CONSULTANCY**

P.O. Box 3151, Morogoro, E- Mail: drpgs@sua.ac.tz,

Fax 255 23-2-60 4388

STUDENT COMPLAINT FORM

1.0 Name of candidate:.....

2.0 Name of Department.....

3.0 College/School:.....

4.0 Brief explanation of complaint*:

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Student's signature Date:.....

5.0 Comments by Head of Department*:

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6.0 Name of Head of Department

Signature Date:.....

7.0 Comments by College/School/Directorate Postgraduate Studies Committee or comments by Dean of Students*

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8.0 Name of Chairperson of College/School/Directorate PGSC/ Dean of Students

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Signature **Date:**.....

9.0 Decision by College/School/Directorate Board

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**Attach extra paper if the space provided is inadequate*