**UNIVERSITY OF DAR ES SALAAM**

**SCHOOL OF AQUATIC SCIENCES AND FISHERIES TECHNOLOGY (SoAF)**

**AQ 399 SUPERVISION FORM- 2022/2023**

**Student’s name: Registration number: .**

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| **S/N** | **Date** | **Time spent (In minutes)** | **Activity** | **Supervisor’s comments** | **Supervisor’s signature** |
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