



DIRECTORATE OF UNDER & POSTGRADUATE STUDIES

NOTICE OF INTENTION TO SUBMIT A RESEARCH THESIS/PROJECT

A duly completed form should be submitted at least three (3) months before the date of submission accompanied with an abstract of the Thesis/Projects.

SECTION A: (to be filled by the candidate)

1. Name: ----- Reg. No:-----

2. Department:----- School/Faculty:-----

3. Thesis/Dissertation/Project Title:

4. Name of Supervisors

i)

ii)

5. I hereby give notice of intention to submit my Masters/PhD degree Thesis/ Project.

Candidates'

Signature.....Date.....Tel No.....

SECTION B: (to be filed by the supervisors)

6. I/We have assessed the candidate's research Thesis /Project report and approved/do not approve that the Thesis/Project report be submitted to you for examination (*delete as appropriate*)

Reason(s) APPROVING/Not APPROVING

Supervisors:

i) Name:..... Sign:.....Date:.....

ii) Name:.....



Sign:..... Date:.....

SECTION C: (to be filled by the chair of the department)

7. I approve that the candidate named submits his/her PhD/M.Sc/MA/M.Ed/MBA Thesis/Project for examination and propose the following persons as Examiners.

i) External Examiner (*For PhD & Master's Thesis only*)

Name: -----

Address: -----

Telephone: -----

Email Address: -----

ii) Internal Independent Examiner (*One that did not supervise the candidate but is competent in the area of study*)

Name: -----

Address: -----

Telephone: -----

Email Address: -----

Chair:

Name: Department:.....

Sign:..... Date:.....

SECTION D: (to be filled by Dean of the School/faculty)

8. I APPROVE/ NOT APPROVE that the candidate submit his/her Masters/PhD degree Thesis/Project for examination. I also APPROVE/DO NOT APPROVE the proposed examiners of the Thesis/Project.

If you do not approve please give reasons:

.....
.....

Dean:

Name: School/Faculty:

Sign:..... Date:.....

