

LAIKIPIA



UNIVERSITY

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**OFFICE OF THE DIRECTOR
GRADUATE SCHOOL**

NOTICE OF INTENTION TO SUBMIT A RESEARCH THESIS/PROJECT

A duly filled in form should be submitted at least THREE (3) months before the date of submission accompanied with an abstract of the Thesis/Project and a Fee Statement as proof that ALL Fees has been paid.

SECTION A: (to be filled in by the candidate)

1. Name: ----- Reg. No:-----
2. Department:----- School/Faculty:-----
3. Thesis/Project Title:

4. Name of Supervisors:
i)
ii)
iii)
5. I hereby give notice of intention to submit my Master’s/PhD degree Thesis/ Project.

Candidate’s Signature.....Date.....Tel. No.....

SECTION B: (to be filled in by the supervisors)

6. I/We have assessed the candidate’s research Thesis /Project report and approve/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:.....
- iii) Name:..... Sign:..... Date:.....

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Mission: To serve students and society through research, education, scholarship, training, innovation, outreach and consultancy

SECTION C: (to be filled in 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

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: -----

iii) 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 in by Dean of the School)

8. I APPROVE/DO NOT APPROVE that the candidate submits his/her Master's/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: -----

Sign:-----Date:-----

SECTION E: (to be filled in by Director, Graduate School)

9 This **Intention to Submit Form** was received on -----and action taken.

Director

Name: ----- Sign: ----- Date:-----

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Laikipia University is ISO 9001:2015 and ISO/IEC 27001:2013 Certified

