



DIRECTORATE OF POST-GRADUATE STUDIES

FORM OF INTENT TO SUBMIT A MASTERS/PhD DEGREE THESIS FOR EXAMINATION.

SECTION A: TO BE FILLED BY THE CANDIDATE

- 1. Name in full.....Registration No.....
- 2. Department..... Faculty/School.....Degree programme (eg. PhD/MSc./M.A etc).....
- 3. Title of Thesis/Dissertation.....
.....
.....
- 4. I hereby give notice of intent to submit my Masters/PhD degree Thesis/Dissertation for examination. The Thesis abstract and/or any other relevant material are attached.

Candidate’s Signature..... Date.....

SECTION B: TO BE FILLED BY THE STUDENT’S FINANCE OFFICE

- 5. This is to confirm that the above named student has cleared fees up to year/level.....
Semester/Session.....
Name of Accountant.....Signature and Stump.....

SECTION C: TO BE FILLED BY THE SUPERVISORS

- 6. We have assessed the candidate’s Thesis and **approve/do not approve** that the thesis be submitted to you for examination (delete as appropriate)
Reason(s) for NOT APPROVING.....
.....
- i. Name of Supervisor.....
Signature.....Date.....
- ii. Name of Supervisor.....
Signature.....Date.....
- iii. Name of supervisor.....
Signature.....Date.....

SECTION D: TO BE FILLED BY THE HEAD OF DEPARTMENT

- 7. I **approve/do not approve** that the candidate named submits his/her Thesis for examination. I also propose the following to be members of the Board of examiners (if approved).
Reason (s) for NOT APPROVING.....
.....
- i) External examiner:
Name.....
Full address.....
Telephone.....e-mail.....
- ii) Internal examiners:
Name.....
Full address.....
Telephone.....e-mail.....
Name.....
Full address.....
Telephone.....e-mail.....
- iii) Departmental Representative:

Name.....
Full address.....
Telephone..... e-mail.....

iv) School Representative:

Name.....
Full Address.....
Telephone..... e-mail.....

v) Supervisor(s) (who did supervise the Thesis)

Name.....
Full Address.....
Telephone..... e-mail.....

Name.....
Full address.....
Telephone..... e-mail.....

Name.....
Full address.....
Telephone..... e-mail.....

N.B. Other members of the Board of examiners: Dean of School (Chairperson), School Post-Graduate Studies Coordinator and Senate Representative to be identified by Director, Post-Graduate Studies

Name of Head of Department.....Department.....

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

SECTION E: TO BE FILLED BY THE DEAN OF THE FACULTY/SCHOOL

8. I **approve /do not approve** that the candidate submits his/her Masters/PhD degree thesis for examination. I also do approve/ do not approve the proposed examiners of the Thesis (Delete as appropriate)

Reason (s) for NOT APPROVING.....
.....

Dean's name.....Faculty/School.....

Dean's signature.....Date:.....

SECTION F: TO BE FILLED BY THE DIRECTOR, POST-GRADUATE STUDIES

9. I **approve /do not approve** that the candidate submits his/her Masters/PhD degree thesis for examination. I also do approve/ do not approve the proposed examiners of the Thesis.

Reason(s) for NOT APPROVING.....
.....

Director's name.....

Director's signature.....Date:.....

N/B: Duly filled and signed forms should be returned to the Director, Post- Graduate Studies. Only students who have been Cleared by Student Finance Office should be given approval to submit their thesis.

