



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.....Date.....
Signature.....Date.....
ii. Name of Supervisor.....Date.....
Signature.....Date.....
iii. Name of supervisor.....Date.....
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.

