



SCHOOL OF GRADUATE STUDIES

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

Requirements before submitting the form:

- i. This form shall be filled by candidates after submitting the requisite publications as per the Postgraduate Rules and Regulations.
ii. Attach a copy of the Thesis abstract duly signed by the candidate and the supervisor.
iii. The candidates should have paid full fees.

SECTION A: TO BE FILLED BY THE CANDIDATE

- 1. Name in full.....Registration No.....
2. School:.....Department.....Level (eg. PhD/MSc./M.A).....
3. Title of Thesis/Research project.....
4. I hereby give notice of intent to submit my Thesis/research project for examination.

Candidate's Signature..... Date.....

SECTION B: TO BE FILLED BY FINANCE

- 5. This is to confirm that the above named candidate has paid all fees and levies.....
Semester/Session.....
Name of Accountant.....Signature and Stamp.....

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 recommend/do not recommend that the candidate named submits his/her Thesis for examination. I also propose the following to be members of the Board of examiners.
Reason (s) for NOT RECOMMENDING.....

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)

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), Dean, School of Graduate Studies, School Graduate Studies Coordinator and Senate Representative (to be identified by Dean, SGS)

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 DEAN, SCHOOL OF 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.....
.....

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

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