KENYATTA UNIVERSITY

NOTICE OF SUBMISSION OF THESIS

(Please fill three copies and ensure you have registered the Thesis Unit)

TO: Dean, Graduate School

FROM: Candidate's Name: ……...

Reg. No: ……

Department: ……..

School: …….

Phone … ……..……

E-mail Address: ……..

THROUGH:

a. Supervisor(s)

i. Name: …….. Email……..…….….

Phone…….. …….. Sign……..……

ii. Name: …….. Email……..…….…..…

Phone…….. …….Sign……..……

iii. Name: …….. Email……..…….…..…

Phone…….. ……Sign……..……

b. Chairman, Departmental PSC Signed: ……

c. Chairman of the Department Signed: ……

I propose to submit my thesis (M.A., M.B.A., M.ED. M.P.H.E., M.ENV. STUDIES, M.SC., OR PH.D). for examination on or before Day…… Month ……..Year …….

Area of specialization:

……..

(e.g. Plant Physiology, Taxonomy, etc.)

Thesis Title:

.....

.....

.....

Candidate's Signature ……..…….. Date: ……..……

Supervisor(s) Comment: .....

.....

Chairman D.P.S.C. Comments: .....

.....

Departmental Chairman's Comments: .....

.....

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FOR OFFICIAL USE ONLY

PROPOSED BOARD OF EXAMINERS

SECTION A: **<u>To be completed by the relevant Department</u>**

1. External Examiner's Full Names: ……...

   …….

   (Area of Specialization)

   Full Address:

   Institution:.....

   Department: .....

   Mailing Address: .....

   .....

   .....

   E-mail Address: .....

   Phone No: …….……..……..…….....

   C.V of the External Examiner must be attached (***First time to examine***).

2. Internal Examiner's Name: …….……..….. PF/No……
   (Non-Supervisor)

   .....

   (Area of Specialization)

   Department: .....

   E-mail Address: .....

   Phone No: .....

3. Internal Examiner's Name: …….…….. PF/No……
   (Non-Supervisor)

   .....

   (Area of Specialization)

   Department: .....

   E-mail Address: .....

   Cell Phone No: .....

SECTION B: To be completed by the Dean of relevant School

4. **BOARD MEMBER (Not from Candidate's Department)**

   Full Names: .....

   (Area of Specialization)

   Department:.....

   E-mail Address: …….....

   Cell Phone No: …….....

5. **BOARD MEMBER (Not from Candidate's Department)**

   Full Names: .....

   (Area of Specialization)

   Department: …….....

   E-mail Address: …….....

   Cell Phone No: …….....

Approved at an S.P.S.C. meeting held on: ……

(Date)

Name: …….

Signature: ……..……. Date: ……..……

Chairman, S.P.S.C.

Name: …….

Signature: ……..……. Date: ……..……

Executive Dean of School

SECTION C. To be completed by Board of Graduate School

Senate Representative: Name ……Department ……..

School: ……..……

Approved by Graduate School Board at a meeting held on: ……..……..

INSTRUCTIONS:

a. **Two (2) copies** of the completed Notice of Submission Form should be submitted to the **Executive Dean, Graduate School Three (3) months** prior to the submission of theses.

b. The **other copy** to be retained by the Dean of relevant School for record.