

14.4.3 Notification of Intent to Submit Thesis (BPGS/F.03)

KENYA METHODIST UNIVERSITY

BOARD OF POSTGRADUATE STUDIES

Notification of Intent to Submit Thesis

NOTIFICATION OF INTENT TO SUBMIT THESIS/DISSERTATION FOR EXAMINATION (To be filled in triplicate)*

<i>Name of Candidate</i>		<i>Program</i>	
<i>Registration No.</i>		<i>Department</i>	
<i>Telephone No</i>		<i>Faculty/ School</i>	
<i>Email Address</i>		<i>Date</i>	

Declaration by Candidate

The Thesis listed below is my original work and I intend to submit it for Examination.

Thesis Title

(Signature of Candidate)

(Date)

Endorsement by 1st Supervisor

Name -----

Sign-----

Date ----

Endorsement by 2nd Supervisor

Name-----

Sign -----

Date -----

Confirmation by chairman of the Department (COD)

Name _____ Sign _____ Date _____

Confirmation by Postgraduate Program Coordinator (PPC)

Name _____ Sign _____
Date _____

FOR OFFICIAL USE ONLY:

Date _____ of _____ submission
.....

Date Thesis forwarded to Examiners
.....

Date Thesis returned from Examiners
.....

Remarks
.....
.....

* Copies to respective COD, Dean and PPC