

KENYA METHODIST UNIVERSITY  
DIRECTORATE OF POSTGRADUATE STUDIES  
THESIS SUBMISSION  
ANTIPLAGIARISM CLEARANCE FORM (DPGS/F.06)  
(BEFORE THESIS IS EXAMINED)

**PART 1: TO BE COMPLETED BY STUDENT**

Name.....

Student Registration Number .....

Student Telephone Number .....

School /Department .....

.....

Campus          Meru    [   ]          Nairobi        [   ]          Mombasa      [   ]

Title of Thesis .....

.....

.....

Names of Supervisors:

1 .....

2 .....

3 .....

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

**PART 2: OFFICIAL USE ONLY (TO BE COMPLETED BY LIBRARY STAFF)**

Similarity Index Percentage: .....

Date of scan: .....

Staff Name: .....Signature.....

Date and Library Stamp: .....

Chairman of Department.....

Name	Sign	Date
------	------	------

Director of Postgraduate Studies.....	.....	.....
---------------------------------------	-------	-------

Name	Sign
------	------