



# UNIVERSITY OF EMBU

## INTENT TO SUBMIT PROJECT REPORT FORM

### Important Information

- i. The forms should be filled in **triplicate** (One copy to be retained by the Department and one copy by the School)
- ii. Attach a copy of the project report abstract
- iii. The intent to submit **MUST** be made at least three months prior to project report submission
- iv. The duly filled form should be submitted by the supervisor to the Chairman of Department

### Student's Details

Name: ..... Adm. No.: .....  
 Department: .....  
 School: .....  
 Phone No.: ..... Email: .....

### Supervisor's Details

1) Name: ..... Sign: .....  
 2) Name: ..... Sign: .....  
 3) Name: ..... Sign: .....  
 4) Name: ..... Sign: .....

### Project report submission details

I propose to submit my project report for examination on or before \_\_\_\_ month of \_\_\_\_ year \_\_\_\_  
 Area of specialization: .....  
 Project report title .....

Student's signature: ..... Date: .....

### Comments from supervisor

Supervisor's signature: ..... Date: .....

### Comments from Departmental Postgraduate Studies Coordinator (D.P.S.C.)

D.P.S.C.'s signature: ..... Date: .....

**PART I: To be completed by Chairman of Department****a. External Examiner's Details**

Name:.....  
 Area of specialization:.....  
 Institution:.....  
 Department:.....  
 Contact Address:.....

E-mail:..... Phone No.:.....

NB: The CV of the external examiner must be attached

**b. Internal Examiner's details**

(This examiner shall be a non – Supervisor but may be from the Candidate's Department)

Name:..... PF. No.:.....  
 Area of specialization:.....  
 Department:.....  
 Contact Address:.....

E-mail:..... Phone No.:.....

**c. Internal Examiner's details**

(This examiner shall be non – Supervisor and shall not be from the Candidate's Department)

Name:..... PF. No.:.....  
 Area of specialization:.....  
 Department:.....  
 Contact Address:.....

E-mail:..... Phone No.:.....

Approved by the Departmental Board of Postgraduate Studies' board Chairman in a meeting held on..... (Attach minutes)

Name:..... Sign:..... Date/Stamp:.....

Comments by Chairman of Department: .....

Name:..... Sign:..... Date/Stamp:.....

**PART II: To be completed by the Dean of School****(School approval of the examiners)**

Approved by the School Board of Postgraduate Studies' board Chairman in a meeting held on..... (Attach minutes)

Name:..... Sign:..... Date/Stamp:.....

**PART III: To be completed by the Board of Postgraduate Studies**

Approved by the Board of Postgraduate Studies in a meeting held on.....

Name:..... Sign:..... Date/Stamp:.....