



UNIVERSITY OF EMBU

INTENT TO SUBMIT THESIS 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 thesis abstract
- iii. The intent to submit **MUST** be made at least three months prior to thesis submission
- iv. The duly filled form should be submitted by the supervisor to the Chairman of Department

PART I: To be completed by the student and forwarded to the supervisors

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:

Thesis submission details

I propose to submit my (indicate Ph.D. or Master's as appropriate) thesis for examination on or before month of year

Area of specialization:

Thesis title

.....

Student's signature: Date:

Comments by the supervisor

.....

Supervisor's signature: Date:

PART II: To be completed by Chairman of Department

a. Comments by the Chairman

.....

Chairman's signature: Date:



b. 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

c. 1st 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:
E-mail: Phone No.:

d. 2nd 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:
E-mail: Phone No.:

Approved by the Departmental Board of Postgraduate Studies’ Chairman in a meeting held on
..... (Attach minutes)
Name: Sign: Date/Stamp:

PART III: To be completed by the Dean of School

Board Members details

The board members shall not be from the candidate’s department

- a) Name:
Department:
Email: Cell No.:
- b) Name:
Department:
Email: Cell No.:

Approved by the School Board of Postgraduate Studies’ Chairman in a meeting held on
..... (Attach minutes)
Name: Sign: Date/Stamp:

PART IV: To be completed by the Board of Postgraduate Studies

Senate Representative Details

The senate representative shall not be from the candidate’s school

Name: PF. No.
School:
Approved by the Board of Postgraduate Studies in a meeting held on
Name: Sign: Date/Stamp: