



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

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Student's signature: Date:

Comments by the supervisor

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Supervisor's signature: Date:

Part II: To be completed by Chairman of Department

a. Comments by the Chairman

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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:

