



# 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

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

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

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



**Part I: To be completed by Chairman of Department**

**a. External Moderator’s Details**

Name:.....  
Area of specialization:.....  
Institution:.....  
Department: .....,  
Contact Address.....  
.....  
E-mail:..... Phone No.:.....

NB: The CV of the external moderator 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 and moderator)**

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:.....

