



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:

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 II: 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 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 III: 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:.....

Dean of School’s Signature (If not the chairman to School’s Board of Postgraduate Studies):
 Name:..... Sign:..... Date/Stamp:.....

Part IV: 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:.....

