



UNIVERSITY OF EMBU

PROJECT REPORT SUBMISSION OFFICIAL PROCESSING FORM

Important Information

This form MUST be submitted at least three months prior to project report submission

Part I: To be completed by the Chairman of Department

a) Comments by the Chairman

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.....

Chairman's signature:..... Date:.....

b) External Examiner's Details (the CV for should be attached)

Name:.....

Area of specialization:.....

Institution:..... Department:.....

Contact Address.....

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

b) Internal Examiners' Details (should be a non-supervisor, and can be from any Department)

1. Name:..... PF. No.:.....

Area of specialization:..... Department:.....

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

2. Name:..... PF. No.:.....

Area of specialization:..... Department:.....

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

Approved by the Departmental Board of Postgraduate's Studies in a meeting held on..... and chaired by (Name and Signature)..... (attach minutes)

Chairman's signature:..... Date/Stamp:.....

Part II: To be completed by the Dean of School

Approved by the School Board of Postgraduate's Studies in a meeting held on..... and chaired by (Name and Signature)..... (attach minutes)

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

Dean of School's Signature (if not the Chairman to School's Board of Postgraduate Studies):
..... 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:.....

