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 the other by the School)
ii. A copy of the thesis abstract should be attached
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

This section should be filled by the student

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 Masters 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 the Chairman of Department

a) Comments by the Chairman

Chairman’s signature: ...................................................... Date: ......................................................
b) External Examiner’s Details (the CV should be attached)

Name: ........................................................................................................................................
Area of specialization: ...................................................................................................................
Institution: .................................................. Department: ..............................................................
Contact Address: ...........................................................................................................................

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


c) 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 Board in a meeting held on _______
.......................... and chaired by (Name and Signature) .................................................................
.......................... (Attach minutes)

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

Part III: To be completed by the Dean of School

Board Members details (should be from a different Department from that of the candidate)

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

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

Approved by the School Board of Postgraduate’s Board in a meeting held on ............... Chaired
by (Name and Signature) ........................................................................................................
(Attach minutes)

Dean’s Signature: ................................................................. Date/Stamp: ..................................

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

Senate Representative Details (should be from a different School from that of the candidate)

Name: ................................................................. PF. No. ..........................................................
School: ..............................................................................................................................

Approved by the Board of Postgraduate Studies in a meeting held on ............................
Name: .............................................................................................................................. Date/Stamp: ..........................