

Tel: 0702597360/61
: 0733120020/22
E-mail: directordps@mmust.ac.ke
Website <http://www.mmust.ac.ke>



P O Box 190
50100 Kakamega
KENYA

MASINDE MULIRO UNIVERSITY OF SCIENCE AND TECHNOLOGY

Directorate of Postgraduate Studies

NOTICE OF INTENTION TO SUBMIT A THESIS/DISSERTATION & EXAMINATION ARRANGEMENTS (MASTERS)*

SECTION A: TO BE FILLED IN BY CANDIDATE

1. Name in full:
2. Telephone
No.....
3. Registration Number:
.....
4. Department:.....
5. School:
6. Degree registered for::.....
7. Title of thesis/dissertation:.....
8. Name(s) of Supervisor(s):
 - (i)
 - (ii)
 - (iii)
9. I hereby declare that I have completed my thesis/dissertation research, and intend to submit it within the coming three months.

Date: Signature of Candidate:

SECTION B: TO BE COMPLETED BY SUPERVISOR (S)

10. I/We hereby confirm that the candidate is in the process of drafting his/her thesis/dissertation and I am/we are of the opinion that he/she should be in a position to submit the thesis/dissertation within three months from now.

Date:..... Signature of Supervisor:

Date:..... Signature of Supervisor:

Date:..... Signature of Supervisor:

**SECTION C: TO BE COMPLETED BY THE CHAIRPERSON
DGSC/CHAIRPERSON OF DEPARTMENT**

After consultation with the supervisor (s) of the candidate, I propose that the following be considered for appointment as examiners for the candidate's thesis/dissertation:

(a) Potential External Examiner

(11) Name:

Affiliation:.....

Postal Address:.....

Telephone: Fax: Email:.....

Curriculum Vitae: Attached Not attached

(b) Proposed Internal Examiners

(12) Name:

Affiliation:.....

Postal Address:.....

Telephone: Fax: Email:.....

Curriculum Vitae: Attached Not attached

(13) Name:
 Affiliation:.....
 Postal Address:.....
 Telephone: Fax: Email:.....
 Curriculum Vitae: Attached Not attached

SECTION D: TO BE COMPLETED BY CHAIRPERSON SGSC/DEAN OF SCHOOL/CENTRE

- (a) The above proposed examiners have been recommended by the Board of the School/Institute/Centre
- (b) After consultation with the Chairperson of Department and our School's Graduate Studies Chairperson, I recommend that the following be appointed to serve as VIVA VOCE panelists (for thesis examination only):

Panel Members	Designation
1.	Chairperson
2.	External Examiner
3.	1 st Internal Examiner
4.	2 nd Internal Examiner
5.	Dean/Director
6.	Chairman of Department
7.	Chairman DGSC (or representative)
8.	Chairman SGSC (or representative)

- (c) In anticipation of the fact that the candidate will submit his/her thesis within three months from now, it is recommended that the viva voce be held in the month of..... of the year The exact date will be communicated later.

Date:..... Signature of Dean/Director:

SECTION E: TO BE FILLED IN BY THE DIRECTOR DPS

Please Tick:

	The examination arrangements are herewith recommended for approval.
	The examination arrangements are not complete for the reasons stated below, and are hereby referred back to the School.

The following items are missing or are incomplete:

.....
.....
.....

Date: Signature of the Director, DPS:.....