KIBABII UNIVERSITY

SCHOOL OF GRADUATE STUDIES

NOTICE OF INTENT TO SUBMIT A THESIS AND EXAMINATION ARRANGEMENTS

SECTION A: TO BE FILLED IN BY CANDIDATE

(1) Name in full:
(2) Registration Number:
(3) Department:
(4) Faculty:
(5) Degree registered for::
(6) Title of thesis/dissertation:
(7) Name(s) of Supervisor(s):
(i)
(ii)
(iii)
(8) I hereby declare that I have completed my thesis research, and intend to submit it within the coming three months.
Date: Signature of Candidate:



SECTION B: TO BE COMPLETED BY SUPERVISOR (S)

(9)	I/We hereby confirm that th	e candidate is i	n the process of c	lrafting his/her thesis/dissertation and		
	I am/we are of the opinion	that he/she sh	ould be in a posi	tion to submit the thesis/dissertation		
	within three months from no	ow.				
	Name:	Signat	ure:	Date		
	Name:	Signatu	re:	. Date		
	Name:	Signatu	re:	. Date		
	SECTION C: TO BE COME	PLETED BY TI	HE CHAIRPERSO	ON DGSC		
I propo	ose that the following be cons	sidered for app	ointment as exam	iners for the candidate's thesis:		
(a)	Proposed External Examin	ner				
(10)	Name:					
	Affiliation:					
	Institution					
	Department					
	Postal Address:					
	Telephone: Fa	x:	Email:			
	Curriculum Vitae: Attached		Not attached			
(b)	Proposed Internal Examin	ers				
(11)	Name:					
	Affiliation:					
	Institution					
	Department					
	Postal Address:					
	Telephone: Fa	x:	Email:			



	Curriculum Vitae: Attached Not attached
(12)	Name:
	Affiliation:
	Postal Address:
	Telephone: Fax: Email:
	Curriculum Vitae: Attached
	Date:
	Signature of Chairperson DGSC:
	SECTION D: TO BE COMPLETED BY CHAIRPERSON FGSC/SGSC
(a`	After consultation with the Faculty Graduate Studies. I recommend that the following

(a) After consultation with the Faculty Graduate Studies, I recommend that the following be appointed to serve as VIVA VOCE panelists (for thesis examination only):

Panel Member	Designation
1.	Chairperson (Dean SGS or representative)
2.	External Examiner
3.	1 st Internal Examiner
4.	2 nd Internal Examiner
5.	Dean of Faculty/School (or representative)
6.	Chairperson of Department (or representative)
7.	Chairperson DGSC (or representative)
8.	Chairperson FGSC/SGSC (or representative)
9.	Supervisor
10.	Supervisor



(b)	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.
Ch	nairperson FGSC/SGSC: Sign: Date:
	CTION E: TO BE FILLED IN BY THE DEAN SCHOOL OF GRADUATE STUDIES GS)
Ple	ease 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 Faculty/School.
The follow	ving items are missing or are incomplete:
Dean SGS	S: Date:
	lled in Triplicate. A copy of this form MUST be returned to the tment/Faculty/School



