

CHUKA



UNIVERSITY

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**OFFICE OF THE DIRECTOR
BOARD OF POSTGRADUATE STUDIES**

CERTIFICATE OF Ph. D/ MASTERS RESEARCH PROPOSAL CORRECTIONS

1. STUDENT'S FULL NAME:

Reg. No.....Degree:

Department.....Faculty:.....

Mobile Number

2. TITLE OF RESEARCH PROPOSAL:

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

Candidate's signature..... Date.....

3. TO BE FILLED BY SUPERVISORS

I confirm/do not confirm on behalf of the Department that the corrections/amendments have to the best of my/our knowledge been effected.

Name:

Signed:Date:.....

Name:

Signed:Date:.....

3. TO BE FILLED BY HEAD OF DEPARTMENT

I confirm/do not confirm on behalf of the Department that the corrections/amendments have to the best of my/our knowledge been effected.

Name:

Signed:Date:.....

4. TO BE FILLED BY THE DEAN

I certify that the above candidate has incorporated the corrections recommended by the Faculty. I therefore recommend/do not recommend that the proposal be now forwarded to Graduate school.

Name:

Signed:Date.....

5. TO BE FILLED BY GRADUATE SCHOOL

I confirm that I have received /not received the following:

- i) Minutes of Faculty Postgraduate comm[]
- ii) Proposal forwarding for []
- iii) Proposa []

Name:

Signed:Date.....