

**CHUKA**



**UNIVERSITY**

Telephones: 020 2310512  
020 2310518  
Fax line: 020 2310302

P.O. Box 109  
Chuka

**NOTICE INTENTION TO SUBMIT A MASTER’S PROJECT REPORT/ MASTER’S / PHD. DEGREE THESIS FOR EXAMINATION**

**SECTION A: TO BE FILLED BY THE CANDIDATE**

1. Name in full.....
2. Registration no.....
3. Department.....
4. Faculty Institute/ School.....
5. Degree registered for (Ph.D/M.Sc./M.A./M.Ed /M.Ed/MBA etc).....
6. Proposed title of Thesis/Dissertation / project.....  
.....  
.....
7. Name of supervisors:
  - i. ....
  - ii. ....
  - iii. ....
8. I hereby give notice of intention to submit my Master/PhD/degree Thesis/Dissertation/Masters project for examination on or before ..... day .....Month ..... year.....The thesis/ Project abstract and/ or any other relevant materials are attached.

**Candidate’s Signature..... Date: .....**

**SECTION B: TO BE FILLED BY THE SUPERVISOR**

9. We have assessed the candidate’s Thesis research / Project report and approved / do not approve that the Thesis/ Project report be submitted to you for examination (delete as appropriate)  
**Reason (s) for NOT APPROVING.....**  
.....  
.....
- i) Name of Supervisor.....  
  
Signature..... Date.....
- ii) Name of Supervisor.....  
  
Signature..... Date.....
- iii) Name of Supervisor.....  
  
Signature..... Date.....

*Please address all communication to the Director, BPGS*

**SECTION C: TO BE FILLED BY THE CHAIRMAN OF THE DEPARTMENT**

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10. I approve that the candidate named submits his/ her PhD/ M.Sc/M.A./ M.Ed. Thesis / Project for examination. I also propose the following to be members of the Board of Examiners.

i. External Examiner (**please attach the curriculum vitae**)

Name:.....  
Full address:.....  
Telephone:..... email.....

ii. Internal Examiners(**supervisors**)

Name:.....  
Full address:.....  
Telephone:..... email.....

iii. Name:.....  
Full address:.....  
Telephone:..... email.....

iv. Name:.....  
Full address:.....  
Telephone:..... email.....

v. Internal Examiners( **Who Did Not Supervise Thesis Research**)

Name:.....  
Full address:.....  
Telephone:..... email.....

**If you do not approve please give reasons**

.....  
.....

N.B. Other members of the Examiners: - Dean of Faculty, Director, Graduate School, Chairman of department, Senate Representative, Graduate School Representative.

**Chairman's Name..... Department.....**

**Chairman's Signature..... Date.....**

**SECTION D: TO BE FILLED BY DEAN OF THE FACULTY**

11. I approved/ do not approve that the candidate submits his Masters/ PhD degree thesis/ Masters project for examination.

I also do approve/ do not approve the proposed examiners of the thesis.

If you do not approve please give reasons.

.....  
.....

**Dean's Name..... Faculty/ Institute/ School of.....**

**Dean's Signature..... Date.....**

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

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**RESEARCH PROPOSAL FORWARDING FORM  
PhDs' DEGREE/MASTERS**

**NOTES: For a candidate to have their proposal registered at Graduate School, the following items are necessary:**

- i. One copy of this form duly completed and signed by the **Candidate, Supervisors**, the **Head of Department** and the **Dean of Faculty** in which the registration is sought.
- ii. Four loosely bound copies of the proposal (*A copy for the department, each of the supervisors and Graduate School*).
- iii. One Copy of Faculty Minutes.
- iv. One Copy of Certificate of Proposal Corrections.

**1. STUDENT'S FULL NAME:** .....

Reg. No.....Degree: .....

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

**2. TITLE OF RESEARCH PROPOSAL:**

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

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

---

**3. RESEARCH SUPERVISORS**

**A.**

- (i) Name: .....
- (ii) Qualification: .....
- (iii) Area of Specialization: .....
- (iv) Duty Station: .....

**B.**

- (i) Name: .....
- (ii) Qualification: .....
- (iii) Area of Specialization: .....
- (iv) Duty Station: .....

The candidate successfully presented a Faculty/Department Seminar on this proposal on (date).....

**4. REMARKS:**

**a) Department**

Delete whichever is not applicable

- i. The research supervisor is experienced enough to supervise the research YES/NO
- ii. There are adequate facilities for conducting the research YES/NO
- iii. The budget is reasonable YES/NO and feasible YES/NO
- iv. Any other comments:.....

Proposal Approved  Not Approved

Name:.....Signed:.....Date:.....

**C.O.D**

**b) Faculty**

The facts given above are correct/incorrect

Any other comments: .....

Proposal Approved  Not Approved

Name:.....Signed:.....Date:.....

**DEAN**

**c) Board of Postgraduate Studies**

General Comment: .....



Proposal Approved

Not Approved

Name:.....Signed:.....Date:.....

**DIRECTOR**



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## NOTICE INTENTION TO SUBMIT A MASTER'S PROJECT REPORT/ MASTER'S / PHD. DEGREE THESIS FOR EXAMINATION

### SECTION A: TO BE FILLED BY THE CANDIDATE

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- 13. Registration no.....
- 14. Department.....
- 15. Faculty Institute/ School.....
- 16. Degree registered for (Ph.D/M.Sc./M.A./M.Ed /M.Ed/MBA etc).....
- 17. Proposed title of Thesis/Dissertation / project.....  
.....  
.....
- 18. Name of supervisors:
  - iv. ....
  - v. ....
  - vi. ....
- 19. I hereby give notice of intention to submit my Master/PhD/degree Thesis/Dissertation/Masters project for examination on or before ..... day .....Month ..... year.....The thesis/ Project abstract and/ or any other relevant materials are attached.

**Candidate's Signature..... Date: .....**

### SECTION B: TO BE FILLED BY THE SUPERVISOR

- 20. We have assessed the candidate's Thesis research / Project report and approved / do not approve that the Thesis/ Project report be submitted to you for examination (delete as appropriate)  
**Reason (s) for NOT APPROVING.....**  
.....  
.....
- iv) Name of Supervisor.....  
  
Signature..... Date.....
- v) Name of Supervisor.....  
  
Signature..... Date.....
- vi) Name of Supervisor.....  
  
Signature..... Date.....

*Please address all communication to the Director, BPGS*

### SECTION C: TO BE FILLED BY THE CHAIRMAN OF THE DEPARTMENT

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21. I approve that the candidate named submits his/ her PhD/ M.Sc/M.A./ M.Ed. Thesis / Project for examination. I also propose the following to be members of the Board of Examiners.

vi. External Examiner (**please attach the curriculum vitae**)

Name:.....

Full address:.....

Telephone:..... email.....

vii. Internal Examiners(**supervisors**)

Name:.....

Full address:.....

Telephone:..... email.....

viii. Name:.....

Full address:.....

Telephone:..... email.....

ix. Name:.....

Full address:.....

Telephone:..... email.....

x. Internal Examiners( **Who Did Not Supervise Thesis Research**)

Name:.....

Full address:.....

Telephone:..... email.....

**If you do not approve please give reasons**

.....  
.....

N.B. Other members of the Examiners: - Dean of Faculty, Director, Graduate School, Chairman of department, Senate Representative, Graduate School Representative.

**Chairman's Name..... Department.....**

**Chairman's Signature..... Date.....**

**SECTION D: TO BE FILLED BY DEAN OF THE FACULTY**

22. I approved/ do not approve that the candidate submits his Masters/ PhD degree thesis/ Masters project for examination.

I also do approve/ do not approve the proposed examiners of the thesis.

If you do not approve please give reasons.

.....  
.....

**Dean's Name..... Faculty/ Institute/ School of.....**

**Dean's Signature..... Date.....**



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**RESEARCH PROPOSAL FORWARDING FORM  
PhDs' DEGREE/MASTERS**

**NOTES: For a candidate to have their proposal registered at Graduate School, the following items are necessary:**

- v. One copy of this form duly completed and signed by the **Candidate, Supervisors**, the **Head of Department** and the **Dean of Faculty** in which the registration is sought.
- vi. Four loosely bound copies of the proposal (*A copy for the department, each of the supervisors and Graduate School*).
- vii. One Copy of Faculty Minutes.
- viii. One Copy of Certificate of Proposal Corrections.

**1. STUDENT'S FULL NAME:** .....

Reg. No.....Degree: .....

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

**2. TITLE OF RESEARCH PROPOSAL:**

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

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

---

**3. RESEARCH SUPERVISORS**

**A.**

- (i) Name: .....
- (ii) Qualification: .....
- (iii) Area of Specialization: .....
- (iv) Duty Station: .....

**B.**

- (i) Name: .....
- (ii) Qualification: .....
- (iii) Area of Specialization: .....
- (iv) Duty Station: .....

The candidate successfully presented a Faculty/Department Seminar on this proposal on (date).....

**4. REMARKS:**

**a) Department**

Delete whichever is not applicable

- v. The research supervisor is experienced enough to supervise the research YES/NO
- vi. There are adequate facilities for conducting the research YES/NO
- vii. The budget is reasonable YES/NO and feasible YES/NO
- viii. Any other comments:.....

Proposal Approved  Not Approved

Name:.....Signed:.....Date:.....

**C.O.D**

**b) Faculty**

The facts given above are correct/incorrect

Any other comments: .....

Proposal Approved  Not Approved

Name:.....Signed:.....Date:.....

**DEAN**

**c) Board of Postgraduate Studies**

General Comment: .....



Proposal Approved

Not Approved

Name:.....Signed:.....Date:.....

**DIRECTOR**

**CHUKA**



**UNIVERSITY**

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Telephones: 020 268 7625  
020 2310518  
Fax line: 020 2310302  
Email address: [postgraduate@chuka.ac.ke](mailto:postgraduate@chuka.ac.ke)

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**CERTIFICATE OF MASTER/DOCTORATE RESEARCH PROPOSAL CORRECTIONS**

**1. STUDENT'S FULL NAME:** .....

Reg. No.....Degree: .....

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

**2. TITLE OF RESEARCH PROPOSAL:**

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

Candidate's signature..... 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: .....

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Signed: .....Date.....

**5. TO BE FILLED BY GRADUATE SCHOOL**

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

- i) Minutes of Faculty Postgraduate com[  ]
- ii) Certificate of proposal corre[  ]
- iii) Proposal forwarding f[  ]
- iv) Propo[  ]

Name: .....

Signed: .....Date.....

