

Tel: 0702597360/61  
 : 0733120020/22  
 E-mail: [directordps@mmust.ac.ke](mailto: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 (PhD)\*

#### 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. Have you completed paying your fees? Yes [ ] No [ ]; if yes attach payment receipt.
10. 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)**

11. 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 Examiners**

(11) Name: .....

Affiliation:.....

Postal Address:.....

Telephone: ..... Fax: ..... Email:.....

Curriculum Vitae: Attached ☐ Not attached ☐

(12) Name: .....

Affiliation:.....

Postal Address:.....

Telephone: ..... Fax: ..... Email:.....

Curriculum Vitae: Attached ☐ Not attached ☐

**(b) Proposed Internal Examiners**

- (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):

<b>Panel Members</b>	<b>Designation</b>
1.	Chairperson
2.	1 <sup>st</sup> External Examiner
3.	2 <sup>nd</sup> External Examiner
4.	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:

<input type="checkbox"/>	The examination arrangements are herewith recommended for approval.
<input type="checkbox"/>	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:.....