

# THARAKA

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MARIMANTI, KENYA



# UNIVERSITY

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

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**CERTIFICATE OF RESEARCH PROPOSAL CORRECTIONS**

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**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: .....

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

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

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

i)Minutes of Faculty Postgraduate committee ☐

ii)Certificate of proposal corrections ☐

iii)Proposal forwarding form ☐

iv)Proposals ☐

Name: .....

Signed:

.....Date.....

