

# THARAKA

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MARIMANTI, KENYA



# UNIVERSITY

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

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

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**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. /MBA) .....
6. Proposed title of Thesis/Dissertation / project.....  
.....  
.....
7. Name of supervisors:
  - i. ....
  - ii. ....
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**.....

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i) Name of Supervisor.....

Signature.....Date.....

ii) Name of Supervisor.....

Signature.....Date.....

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*Please address all communication to the Director, BPGS*

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

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. Internal Examiners (Who Did Not Supervise the 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.

Chairperson's Name.....Department.....

Chairperson's Signature.....Date.....

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

11. I approve / 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.....