



MMU/Bps/F003

MAASAI MARA UNIVERSITY
(BOARD OF POSTGRADUATE STUDIES)
OFFICE OF THE DIRECTOR
CORRECTION OF THESIS/PROJECT FORM

SECTION A (TO BE FILLED BY CANDIDATE)

NAME OF CANDIDATE REG. NO.....

DEGREE REGISTERED FOR PHD/MSC/MED/MA etc.

SCHOOL

TITLE OF THESIS/Project

.....

SIGNATURE OF CANDIDATE DATE

SECTION B: (TO BE FILLED BY SUPERVISORS)

We have checked and ascertained/not ascertained that the candidate has corrected/Not corrected the thesis/Project.

(i) NAME OF SUPERVISOR

SIGNATURE DATE

(ii) NAME OF SUPERVISOR

SIGNATURE DATE

(iii) EXAMINER-INTERNAL.....

SIGNATURE DATE

SECTION C: (TO BE FILLED BY DIRECTOR POSTGRADUATE STUDIES)

REMARKS

DIRECTOR'S SIGNATURE DATE