



MAASAI MARA UNIVERSITY
(Board of Postgraduate Studies)
Office of the Director

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P.O. Box 861-20500
NAROK
KENYA

INTENT TO SUBMIT MASTERS/PHD. DEGREE THESIS/PROJECT FOR EXAMINATION

SECTION A: TO BE FILLED BY THE CANDIDATE

- 1. Name in full
2. Registration No...telephone No
3. Department
4. Faculty/institute/school
5. Degree registered for (PhD/M.Sc/M.A/M.Ed/P.Ph/LLM etc)
6. Title of Thesis/project

SECTION B: TO BE FILLED BY THE STUDENT FINANCE

This is to confirm that the above named student has cleared fees up to:-year/level
Semester/block...Name of Accountant
Signature and Stamp...N.B:(Attach the fees statement duly signed)

- 7. I hereby give notice of intention to submit my Masters/PhD degree Thesis/Masters Project for examination on or before...day...month...year...the thesis/project and/or any other relevant materials attached.

Candidates signature...Date

SECTION C: TO BE FILLED BY THE SUPERVISOR

- 8. We have assessed the candidates Thesis research/Project report and approved/do not approve that the thesis /Project report to 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

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

9. 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)**  
Surname name.....Others.....  
Address.....  
Telephone.....e-mail.....
- ii. Internal Examiner  
Surname.....others.....  
Address.....  
Telephone.....e-mail.....
- iii. Internal Examiner  
Surname.....others.....  
Address.....  
Telephone.....e-mail.....
- iv. School representative (s)  
Surname..... others.....  
Address.....  
Telephone.....e-mail.....

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

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N.B. Other members of the board of examiners:- Dean Of School, Director, Postgraduate, Chairman of Department, Senate Representative, Graduate School Representative.

**Chairman's Name**.....**Department**.....  
**Chairman's Signature** .....**Date**.....

**SECTION E: TO BE FILLED BY DEAN OF THE SCHOOL**

10. I approve that the candidate named submits his/her PhD/M.Sc/M.A/M.Ed. Thesis/Project for examination. I also do 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**.....

**SECTION F: OFFICIAL USE  
(DIRECTOR POSTGRADUATE STUDIES)**

11 **Remarks**.....  
.....

**Director's signature**.....**Date**.....