KENYATTA UNIVERSITYNOTICE OF SUBMISSION OF THESIS

(Please complete three copies)

TO:	Dean, Graduate School						
FROM:	Candidate's Name:						
	Reg. No:						
	Department:						
	School:						
	Tel. No: Cell Phone No.:						
	E-mail Address:						
THROUGH:	(a)	Supe	ervisor(s)				
		(i)	Name:	Signed:			
		(ii)	Name:	Signed:			
	(b)	Chai	rman, Departmental PSC	Signed:			
	(c)		rman of the Department	_			
I propose to	subn	nit my	thesis (M.A., M.B.A., M.ED.	M.P.H.E., M.ENV.			
STUDIES, N	I.SC.,	OR P	H.D). for examination on or b	pefore Day			
Month	•••••	•••••	Year				
Area of spec	cializa	tion:					
••••••	•••••	 (e.g.	Plant Physiology, Taxonomy,	 etc.)			
Thesis Title:	:	(9-					
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Candidate's	Signa	ature .	Da	te:			
Supervisor(s	s) Con	nment	::				
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		FOR (OFFICIAL	USE ONLY		
		PROPOSED	BOARD (OF EXAMINE	ERS	
SECT	rion a:	To be com	To be completed by the relevant Department			
1.	External	Examiner's Fu	ıll Names:	•••••		
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	(Non-Supervisor	
	Department:	(Area of Specialization)
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SEC	CTION B: To 1	e completed by the Dean of relevant School
4.	BOARD MEMBE	R (Not from Candidate's Department)
	Full Names:	
	Department:	(Area of Specialization)
	_	
	Cell Phone No:	
5.	BOARD MEMBE	R (Not from Candidate's Department)
		(Area of Specialization)
	Department:	
	E-mail Address:	
	Cell Phone No:	
	Approved at a S.	P.S.C. meeting held on:
		(Date)
		Date:
	Chairman,	S.P.S.C.
	Name:	
		Signature:
		Date:
	Dean of So	ALOOL

6.	SECTION C. To be completed by Board of Graduate School.					
	Senate Representative:					
	School:					
	Approved by Graduate School Board at a meeting held on:					

INSTRUCTIONS:

- (a) The completed Notice of Submission Form (**two (2) copies**) to be submitted to the **Dean, Graduate School Three (3) months** prior to the Submission of Theses.
- (b) The **other copy**, to be retained by the **Dean of relevant School** for records.