



**JARAMOGI ODINGA ODONGA UNIVERSITY OF SCIENCE & TECHNOLOGY**  
**BOARD OF POSTGRADUATE STUDIES**  
*Office of the Director*

Tel. 057-2501804  
 email: [bps@jooust.ac.ke](mailto:bps@jooust.ac.ke)

P.O. BOX 210 - 40601  
**BONDO**

**NOTICE OF INTENTION TO SUBMIT A MASTERS/PHD DEGREE THESIS/PROJECT FOR EXAMINATION.**

**SECTION A: TO BE FILLED BY THE CANDIDATE**

1. Name in full.....Registration No.....
2. Department..... Faculty/School.....degree programme for (PhD/M.sc./M.A etc).....
3. Proposed title of Thesis/Dissertation/Project.....  
 .....
4. I hereby give notice of intention to submit my Masters/PhD degree Thesis/Dissertation/ project for examination on or before.....day.....month.....year.....the Thesis/Project abstract and/or any other relevant material are attached.

Candidate's Signature..... Date.....

**SECTION B: TO BE FILLED BY THE STUDENT'S FINANCE OFFICE**

5. This is to confirm that the above named student has cleared fees up to year/level..... Semester/Block.....  
 Name of Accountant.....Signature and Stump.....

**SECTION C: TO BE FILLED BY THE SUPERVISORS**

6. We have assessed the candidate's Thesis/ Research Project report and approve/do not approve that the thesis/project report 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.**

7. I approve that the candidate named submits his/her Thesis/ Project for examination. I also propose the following to be members of the Board of examiners.

i) External examiners, if available (please attached the curriculum vitae).Applicable only for PhD.  
 Name.....  
 Full address.....  
 Telephone..... e-mail.....

ii) Departmental Representative

Name.....  
Full address.....  
Telephone..... e-mail.....

iii) Supervisor(s) (who did supervise the Thesis /Research Project)

Name.....  
Full Address.....  
Telephone..... e-mail.....

Name.....  
Full address.....  
Telephone..... e-mail.....

iv) Two school representatives

Name.....  
Full Address.....  
Telephone..... e-mail.....

Name.....  
Full address.....  
Telephone..... e-mail.....

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

N.B. Other members of the Board of examiners: Dean of School (Chairperson), Director, BPS, Senate representative.

Chairman’s name..... Department.....

Chairman’s signature..... Date:.....

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

8. I approve /do not approve that the candidate submits/defends his/her Masters/PhD degree thesis/ project for examinations.

I also do approve/ do not approve the proposed examiners of the Thesis/Project.

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

Dean’s name..... Faculty/School.....  
Dean’s signature..... Date:.....

**SECTION F: TO BE FILLED BY THE DIRECTOR, BOARD OF POSTGRADUATE STUDIES**

9. I approve /do not approve that the candidate submits his/her Masters/PhD degree thesis/ project for examinations.

I also do approve/ do not approve the proposed examiners of the Thesis/Project

Reason(s)for not approving.....  
.....  
.....

Director’s name..... Faculty/Directorate.....  
Director’s signature..... Date:.....

*N/B: Duly filled and signed forms should be returned to the Director, Board of Postgraduate Studies.  
Only students who have been cleared by Finance Department should be given approval to submit their thesis/projects.*

