



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

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P.O. BOX 210 - 40601
BONDO

NOTICE OF INTENTION TO DEFEND/SUBMIT A MASTERS/PHD DEGREE PROPOSAL

SECTION A: TO BE FILLED BY THE CANDIDATE

1. Name in full.....Registration No.....
2. Department..... Faculty.....degree programme for (PhD/M.sc./M.A etc).....
3. Proposed title of Thesis/Dissertation/Project Proposal.....
.....
.....
4. I hereby give notice of intention to defend my Masters/PhD degree Thesis/Dissertation/Project proposal on or before.....day.....month.....year.....the Thesis/Project Proposal 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 Proposal and approved/do not approve that the thesis/project Proposal be defended.(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 defends his/her Thesis/ Project Proposal.
If you do not approve please give reasons.....
.....

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

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

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 defend their thesis/project proposals.*

