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**JARAMOGI OGINGA ODINGA UNIVERSITY OF SCIENCE & TECHNOLOGY**

### BOARD OF Postgraduate Studies

#### *Office of the Director*

Tel. 057-2501804 P.O. BOX 210 - 40601

email: bps@jooust.ac.ke **BONDO**

**SUBMISSION OF THESIS/PROJECT FORM**

**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………………………………………………………………….

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. I hereby give notice of intention to submit my Masters/Ph.D. 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**

1. 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**

1. 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……………………………………………………………………………..

……………………………………………………………………………………………………………………………………………………………………………………………………………………………………

1. Name of Supervisor…………………………………………………………………………………

Signature…………………………………………………………….Date…………………………

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Signature……………………………………………………………Date…………………………

1. Name of supervisor…………………………………………………………………………………

Signature……………………………………………………………Date…………………………

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

1. 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 attach the curriculum vitae). Applicable only for Ph.D.

Name…………………………………………………………………………………………………

Full address………………………………………………………………………………………….

Telephone…………………………………………….e-mail………………………………………

ii) Departmental Representative

 Name…………………………………………………………………………………………………

Full address………………………………………………………………………………………….

Telephone…………………………………………….e-mail……………………………………….

iii) Internal Examiners

 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**

1. I approve /do not approve that the candidate submits/defends his/her Masters/Ph.D. 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**

1. 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.***

***JOOUST IS ISO 9001:2015 CERTIFIED***