



SEKU/ARSA/BPS/F-6A

**SOUTH EASTERN KENYA UNIVERSITY
OFFICE OF THE DIRECTOR
BOARD OF POSTGRADUATE STUDIES**

P.O. BOX 170-90200,
KITUI, KENYA
Email: info@seku.ac.ke

TEL: 020-2413859 (KITUI)
: 020-2531395 (NAIROBI)
Email: directorbps@seku.ac.ke

NOTICE OF SUBMISSION OF THESIS

(Please complete three copies, whereby one is retained by the COD, BPS and Student)

Purpose

The 'Notice of Submission' form is to be completed by all research degree candidates 3 months before submitting a thesis. It is intended for use by Candidates to confirm submission of a thesis for examination;

TO: Director, Board of Postgraduate Studies

FROM: Candidate's Name: _____

Reg. No: _____

Department: _____

School: _____

Tel. No: _____ Cell Phone No. _____

E-mail Address: _____

THROUGH:

(a) Supervisor(s)

(i) Name: _____ Signed: _____

(ii) Name: _____ Signed: _____

(b) Chairman of the Department Signed: _____

I propose to submit my thesis (M.A., M.B.A., M.ED, M.ENV.STUDIES, M.SC., OR PH.D).
for examination on or before Day _____ Month _____ Year _____

Area of specialization: _____
(e.g. Plant Physiology, Taxonomy, etc.)

Thesis Title:

Candidate's Signature _____ Date: _____

Supervisor(s) Comment:

Departmental Chairman's Comments:



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CONSTITUTION OF BOARD OF EXAMINERS

SECTION A. To be completed by the relevant Department (C.O.D)

(Propose at least 2 external examiners)

1. External Examiner's Full Names: _____

(Area of Specialization) _____

Full Address:

Institution: _____

Department: _____

Mailing Address: . _____

E-mail Address: _____

Tel. No: _____ Cell Phone No: _____

C.V of the External Examiner must be attached.

2. External Examiner's Full Names: _____

(Area of Specialization) _____

Full Address:

Institution: _____

Department: _____

Mailing Address: . _____

E-mail Address: _____

Tel. No: _____ Cell Phone No: _____

C.V of the External Examiner must be attached.

3. Internal Examiner's Name: _____ Emp/No _____
(Non-Supervisor)
(*Area of Specialization*) _____

Department: _____
E-mail Address: _____
Cell Phone No: _____

4. Internal Examiner's Name: _____ Emp/No _____
(Supervisor)
(*Area of Specialization*) _____

Department: _____
E-mail Address: _____
Cell Phone No: _____

NAME OF DEPARTMENT _____

Signature of Chair of Department _____ Date _____

SECTION B: To be completed by the Dean of relevant School

5. **BOARD MEMBER (Not from Candidate's Department)**
Full Names: _____
(*Area of Specialization*) _____
Department: _____
E-mail Address: _____
Cell Phone No: _____

6. **BOARD MEMBER (From Candidate's Department)**
Name: _____ Emp/No _____

(Area of Specialization) _____

Department: _____

E-mail Address: _____

Cell Phone No: _____

Approved at a School Board meeting held on: _____

Name: _____ Signature _____ Date _____

Dean of School:

(Attach minutes of the School Board)

SECTION C. To be completed by Board of Postgraduate.

BPS committee Representative (Ph.D Candidates): _____

School: _____

Approved by Chairperson (Signature) _____

Board of Postgraduate Studies at a meeting held on: _____

INSTRUCTIONS:

- a. The completed Notice of Submission Form to be submitted to the **Director, Board of Postgraduate Studies, Three (3) months** prior to the Submission of Thesis.
- b. A **copy**, should be retained by the **Dean of relevant School** for records.