



MURANG'A UNIVERSITY OF TECHNOLOGY

DIRECTORATE OF POSTGRADUATE STUDIES

SCHOOL: _____ DEPARTMENT: _____

INTENTION TO SUBMIT THESES FOR EXAMINATION FORM

Student Name:	Registration No.
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Research Topic:

Expected date of submission:	
Student Signature	Date:

Supervisors' details	
1st Supervisor	2nd Supervisor
Name:	Name:
Signature:	Signature:
Date:	Date:
3rd Supervisor	4th Supervisor
Name:	Name:
Signature:	Signature:
Date:	Date:

- This form must be completed and submitted to the Board of Postgraduate Studies at least three months prior submission.
- Ensure supervisors' details section is duly completed prior to sending this form to Postgraduate Studies Directorate Office.