



MURANG'A UNIVERSITY OF TECHNOLOGY
DIRECTORATE OF POSTGRADUATE STUDIES

SCHOOL: _____ DEPARTMENT: _____

INTENTION TO SUBMIT THESES FOR EXAMINATION FORM

Name of Student:	Registration Number:
Programme of Study:	
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:

Nb: This form must be completed and submitted to the Board of Postgraduate Studies at most three months prior to the intended date of thesis submission.

