INSTITUTE OF POST GRADUATE STUDIES

NOTICE OF INTENTION TO SUBMIT A THESIS/DISSERTATION &

EXAMINATION ARRANGEMENTS

SECTION A: TO BE FILLED IN BY CANDIDATE

(1) Name in full: .................................................................

(2) Telephone No..............................................................

(3) Registration Number: .................................................

(4) Department: ...............................................................

(5) Faculty: .......................................................................

(6) Degree registered for: ..................................................

(7) Title of thesis/dissertation: ............................................

(8) Name(s) of Supervisor(s):

   (i) ..................................................................................

   (ii) ..................................................................................

(9) I hereby declare that I have completed my thesis/dissertation research, and intend to submit it within the coming three months.

   Date: ............................ Signature of Candidate: ..............

SECTION B: TO BE COMPLETED BY SUPERVISOR (S)

(10) I/We hereby confirm that the candidate is in the process of drafting his/her thesis/dissertation and I am/we are of the opinion that he/she should be in a position to submit the thesis/dissertation within three months from now.

   Date: ...................... Signature of Supervisor: .................

   Date: ...................... Signature of Supervisor: .................
SECTION C: TO BE COMPLETED BY THE DEAN OF SCHOOL

After consultation with the supervisor(s) of the candidate, I propose that the following be considered for appointment as examiners for the candidate’s thesis/dissertation:

(a) **Potential External Examiner**

(10) Name: .................................................................
Affiliation: .................................................................
Postal Address: ............................................................... 
Telephone: ............ Fax: ............ Email: .........................

Curriculum Vitae: Attached ☐ Not attached ☐

(b) **Proposed Internal Examiners**

(11) Name: .................................................................
Affiliation: .................................................................
Postal Address: ............................................................... 
Telephone: ............ Fax: ............ Email: .........................

Curriculum Vitae: Attached ☐ Not attached ☐

(12) Name: .................................................................
Affiliation: .................................................................
Postal Address: ............................................................... 
Telephone: ............ Fax: ............ Email: .........................

Curriculum Vitae: Attached ☐ Not attached ☐

SECTION D: TO BE COMPLETED BY DEAN OF SCHOOL

(a) The above proposed examiners have been recommended by the Board of the Faculty/Institute/Centre

(b) After consultation with the Chairperson of Department and our Faculty’s Graduate Studies Chairperson, I recommend that the following be appointed to serve as VIVA VOCE panelists (for thesis examination only):
<table>
<thead>
<tr>
<th>Panel Members</th>
<th>Designation</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Chairperson</td>
</tr>
<tr>
<td>2.</td>
<td>External Examiner</td>
</tr>
<tr>
<td>3.</td>
<td>1st Internal Examiner</td>
</tr>
<tr>
<td>4.</td>
<td>2nd Internal Examiner</td>
</tr>
<tr>
<td>5.</td>
<td>Dean/Director</td>
</tr>
<tr>
<td>6.</td>
<td>Chairman of Department</td>
</tr>
<tr>
<td>7.</td>
<td>Senate representative</td>
</tr>
<tr>
<td>8.</td>
<td>1st Supervisor</td>
</tr>
<tr>
<td>9</td>
<td>2nd Supervisor</td>
</tr>
</tbody>
</table>

(c) In anticipation of the fact that the candidate will submit his/her thesis within three months from now, it is recommended that the viva voce be held in the month of…………………… of the year ……………… . The exact date will be communicated later.

Date:…………………… Signature of Dean/Director: ………………………

SECTION E: TO BE FILLED IN BY THE DIRECTOR, IPGS

Please Tick:

<table>
<thead>
<tr>
<th>The examination arrangements are herewith recommended for approval.</th>
</tr>
</thead>
<tbody>
<tr>
<td>The examination arrangements are not complete for the reasons stated below, and are hereby referred back to the Faculty/School.</td>
</tr>
</tbody>
</table>

The following items are missing or are incomplete:

........................................................................................................
........................................................................................................
........................................................................................................

Date: …………….. Signature of the Dean, IPGS:…………………………..

* To be filled in duplicate. A copy of this form MUST be returned to the Department/School