



KABARAK UNIVERSITY
INSTITUTE OF POSTGRADUATE STUDIES
PROPOSAL FOWARDING FORM

NAME OF STUDENT _____ REG. NO. : _____

PROGRAM: _____ SCHOOL: _____

e.g. Masters or PhD

Level of study _____ NAMES OF SUPERVISORS 1): _____ 2) _____

Date concept submitted to the Department	Date of the departmental defence	Nature of verdict eg pass/major corrections etc	Signature of HOD	Minutes availed (YES/No)	New title of the concept (if any change was suggested)
Date the proposal submitted to the School/ Faculty	Date of the School/ Faculty defence	Nature of verdict eg pass/major corrections etc	Signature of the Dean	Minutes availed (YES/No)	New title of the proposal (if any change was suggested)
Date the proposal submitted to the Postgraduate Office	Received by (Name& Signature)	Sign of student	Correction matrix attached YES() No()	Minutes attached (YES/No)	Registered title of the proposal

Kabarak University Moral Code

As members of Kabarak University family, we purpose at all times and in all places, to set apart in one's heart, Jesus as Lord. (1 Peter 3:15)



Kabarak University is ISO 9001:2015 Certified