

UNIVERSITY OF IRINGA



NOTICE OF INTENTION TO SUBMIT A THESIS/DISSERTATION FOR EXAMINATION ARRANGEMENTS

Section A: To be completed by the student

- (1) Name of Student:
- (2) Registration Number:
- (3) Department..... Faculty:
- (4) Degree Programme:
- (5) Title of Thesis/Dissertation:
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- (6) Names of Supervisors:
 - (1).....
 - (2).....

(7) I hereby declare that I have completed my thesis/dissertation research, and intend to submit my thesis/dissertation within the coming one month.

Signature of Candidate: Date:

Section B: To be completed by supervisor(s)

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

Signature:

Supervisor 1: Date:

Supervisor 2: Date:

(9) Section C: Comments by Head of Department:

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Signature Date

(10) Section D: Comments by Dean of Faculty:

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Signature Date

(11) Section E: Comments by the Director for Postgraduate studies Research and Consultancy

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Signature Date

