

	TECHNICAL UNIVERSITY OF MOMBASA		
	Document: Form		Ref No.: TUM/Form/SGS/012
	Title: INTENTION TO SUBMIT THESIS/PROJECT		
	Department: SCHOOL OF GRADUATE STUDIES		
	Issue No. 1	Revision No. 0	Date: 4th August 2016

*To be completed **two months** before student's intended submission date – formal appointment of examiners cannot take place until this form has been received by the Director, SGS*

SECTION A – To be completed by the candidate

Full Name	:	Reg. No.	:
Address	:	<p>This address will be used for all future correspondence relating to the examination and graduation processes (please inform the SGS of any subsequent change of address).</p>	
Email Address	:	Intended Date of Submission	:
Degree Programme	:	School	:
Title of Thesis	:		

I certify that:
(Tick as appropriate)

- The thesis does not exceed the permitted word length (see handbook)
- The thesis does exceed the permitted word length, and I have attached written approval for this from the Director of SGS (see handbook)
- I attach a typed summary of the thesis



TUM is ISO 9001:2015 Certified

I understand that the assessment of my thesis will be undertaken by the duly appointed examiners, and I accept that the approval of my application for entry to the research degree examination does not imply or constitute any judgement as to the academic standard of the thesis by any signatories to this application form.

Signed		Date	:	
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(Student)

SECTION B – To be completed by the Principal Supervisor

I certify that:

(Tick as appropriate)

- 1) The title and attached summary are consistent with the previously approved research topic;
- 2) The details provided by the student in Section A are correct

If you are unable to certify any of (1) and (2) above, please explain the reason below:

:

Signed		Date	:	
Please Print Name	:			

SECTION C – To be completed by the Dean of Faculty/School

I certify that:

(Tick as appropriate)

- 3) The title and attached summary are consistent with the previously approved research topic;
- 4) The details provided by the student in Section A are correct

If you are unable to certify any of (1) and (2) above, please explain the reason below:



:

Signed		Date:	:
Please Print Name:	:		

Once completed, please return this form, along with a copy of the summary (or abstract) to the Director, School of Graduate Studies Main Campus. Email: sgs@tum.ac.ke

