

	<b>TECHNICAL UNIVERSITY OF MOMBASA</b>	
	<b>Document: Form</b>	<b>Ref No.: TUM/Form/SGS/009</b>
	<b>Title: CERTIFICATE OF CORRECTION</b>	
	<b>Department: SCHOOL OF GRADUATE STUDIES</b>	
	<b>Issue No. 1</b>	<b>Revision No. 0</b> <b>Date: 5th April 2018</b>

*(NB: This certificate of correction/ revision should be submitted to the Director School of Graduate Studies for clearance before the Thesis/Project Report is bound as a hard copy)*

**PART I: CANDIDATE PARTICULARS**

Name of candidate ..... Registration No: .....  
 Department of study: ..... School/Faculty: .....  
 Name of Degree (*e.g. MBA, MPH, PhD Chemistry*) .....  
 Area of specialization: .....  
 Title of Thesis/Project: .....  
 Signature of candidate: ..... Date: ..... Cell phone No: .....

**PART II: DECLARATION BY BOARD OF EXAMINERS**

Date of Oral Examination: .....  
 Overall Comment given: Minor Corrections ( ) Major Corrections ( ) (*please tick as appropriate*)  
 Time span allocated: .....

**PART III: DECLARATION BY SUPERVISOR(S) OVERSEEING CORRECTIONS**

I /We, the undersigned supervisor(s) overseeing the corrections / revisions of the Thesis/Project Report as advised by the candidate’s Board of Examiners do hereby declare that all the corrections /revisions have been effected as required ( ) / have not been effected as required ( ) to the satisfaction (*please tick as appropriate*)  
 Other remarks:  
 .....  
 .....

NAME: \_\_\_\_\_ SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (CORRECTION SUPERVISOR I)

NAME: \_\_\_\_\_ SIGN: \_\_\_\_\_ DATE: \_\_\_\_\_  
 (CORRECTION SUPERVISOR II)

**PART III: CONFIRMATION BY THE DEAN/DIRECTOR OF SCHOOL/INSTITUTE**

I hereby do confirm that the supervisor(s) appointed to oversee the candidate doing the corrections/revisions on the Thesis/Project Report has/have done so as per the instructions of the candidate’s Thesis/Project Board of Examiners



Name of Dean .....Signature .....Date .....

**PART IV: COMMENTS BY THE DIRECTOR SCHOOL OF GRADUATE STUDIES**

Authority for final binding of thesis is hereby granted/ not granted (*delete appropriately*)

NAME \_\_\_\_\_ Signature: ..... DATE & STAMP \_\_\_\_\_  
DIRECTOR (SGS)

***NB: Five copies of the hard-bound Thesis/Project report together with a backup soft copy should be submitted to the Director, School of Graduate Studies for distribution to the different stakeholders.***

