JOMO KENYATTA UNIVERSITY OF

AGRICULTURE AND TECHNOLOGY

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INTENTION TO SUBMIT THESIS

SECTION A: TO BE COMPLETED BY THE CANDIDATE

Name of Candidate & Reg.#	
Contacts (Email and Phone)	
School/ Institute	
Title of Degree (PhD or MSc)	
Title of Thesis	
Date intended to submit thesis**	
PUBLICATIONS (i) Number of papers published in refereed journal (indicate Journal impact factor (ii) Departmental/ School Seminars Presented.	
Signature of Candidate	**Date:**

***Date of submission must be within two months from the date of acceptance of the intent to submit*

SECTION B (DECLARATION)

The thesis to be submitted has not previously been submitted for examination for any degree and is not concurrently submitted in candidature for any degree. This thesis is the result of my own independent research/investigation, except where otherwise stated. Other sources are acknowledged through clear references.

Candidate's Signature	Date

Supervisor Approval

This thesis is to be submitted with our approval.

Name	**Signature**	**Date**
1st supervisor:		
2nd supervisor:		
3rd supervisor:		

Department and school / directorate Approval:

COD:	Name	Signature	Date
Deans/ Director :Name		Signature	Date