


Appendix 4: Notice of Intention to Submit Dissertation/Thesis (Regulation: B Sec. 7.3 and C Sec. 5.2)

	<p>SOKOINE UNIVERSITY OF AGRICULTURE <i>Directorate of Postgraduate Studies, Research, Technology Transfer and Consultancy</i> P.O. Box 3151 Morogoro, Tanzania Tel: +255 23 264 0013 Telfax: +255 23 264 0013</p>
Website: http://www.dprtc.sua.ac.tz	
e-mail: drpgs@sua.ac.tz	

A: To be filled by candidate

1. Name (in full):.....
2. Email address:.....
3. Department:.....College/School.....
4. Degree registered for:
5. Title of Thesis/Dissertation:
.....
.....
6. Registration No:.....Date of registration:.....
7. Name of Supervisor(s):
 - i)
 - ii)
 - iii)
 - iv)
8. I confirm that I shall submit my thesis/dissertation on:
9. Candidate's signature: Date:

B: To be forwarded by the Supervisor of the Candidate:

10. The student has developed his/her thesis/dissertation using: *published/publishable** format
11. Number of published papers/manuscripts: _____ (*provide figure*)
12. List down ALL articles published/accepted and under preparation below:

<i>Article/ Manuscr ipt No.</i>	<i>Details of the article/manuscript (include co-authors, title, Journal name and Volume (issue), pages OR link and DOI-for online journals</i>	<i>Date accepted/ published</i>
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1		
2		
3		
4		
5		

13. The candidate has presented and passed all referred seminars: Yes/No*

Dissertation/Thesis is checked for plagiarism (Yes/No*)

(Please attach plagiarism report when submitting dissertation/thesis for examination)

Supervisors comments: It is possible/not possible* to submit thesis/dissertation as proposed.

Name of Supervisor:

Signature:Date:.....

C: To be completed by Head of Department:

14. The student has presented and passed all referred seminars as required?: Yes/No*

If Yes, provide details below:

<i>No.</i>	<i>Type of Seminar presented and passed</i>	<i>Date Presented</i>
1	Concept Note	
2	Research Proposal	
3	Research Results-I	
4	Research Results-II	
5	Research Results-III	
6	Research Results-IV	

15.

The Department is proposing the following Examination arrangements:

1. Internal Independent Examiner 1

Name:

Email address:

Mobile phone (s):

Department:

The examiner preferred **soft copy/hard copy*** to be sent to for examination

2. Internal Independent Examiner 2

Name:

Email address:

Mobile phone (s):

Department:

The examiner preferred **soft copy/hard copy*** to be sent to for examination

3. External Examiner(s) (*One for Master's degree and two for PhD degree*):

Name of External Examiner 1:

Email address:

Mobile phone (s):

Postal address:

The examiner preferred **soft copy/hard copy***

(CV for external examiner to be attached if he/she is serving for the first time).

Name of External Examiner 2:

Email address:

Mobile phone (s):

Postal address:

The examiner preferred **soft copy/hard copy***

(CV for external examiner to be attached if he/she is serving for the first time).

Name of Head of Department:

Signature:Date:

D: The Principal/Dean /Director to make recommendation:

16. The Principal/Dean/Director has noted the proposed examination arrangements by the Department and **recommends/does not recommend*** the arrangements.

Name of Principal/Dean/Director:.....

Signature:Date:

* Delete what is not applicable