



**SOKOINE UNIVERSITY OF AGRICULTURE  
DIRECTORATE OF POSTGRADUATE STUDIES,  
RESEARCH, TECHNOLOGY TRANSFER AND  
CONSULTANCY**

P.O. Box 3151, Morogoro, E- Mail: drpgs@sua.ac.tz,  
Fax 255 23-2-60 4388

**NOTICE OF INTENTION TO SUBMIT DISSERTATION/  
THESIS**

**A: To be filled by candidate**

1. Name (in full):.....
2. Address: .....
3. Department: .....College/School.....
4. Degree registered for:.....
5. Title of Dissertation/Thesis:.....
6. Effective Date of Registration:.....
7. Supervisor(s): (1) .....
- (2) .....
- (3) .....
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**

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

Supervisors comments: It is possible/Not possible\*

10 Name of Supervisor:.....  
Signature.....Date.....

**C: To be completed by Head of Department:**

11. The Department is proposing the following Examination arrangements:

1. Internal Independent Examiner 1

Name:.....

Email address:.....

Mobile:.....

2. Internal Independent Examiner 2

Name:.....

Email address:.....

Mobile:.....

3. External Examiner(s)' name, email, mobile phone number and address (*One for Master degree and two for PhD degree*):

Name of External examiner 1 .....

Email ..... Mobile .....

Name of External examiner 2.....

Email..... Mobile.....

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

Name of HoD:.....

Signature:..... Date:.....

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

12. 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.