



SOKOINE UNIVERSITY OF AGRICULTURE
 DIRECTORATE OF POSTGRADUATE STUDIES, RESEARCH, TECHNOLOGY TRANSFER AND
 CONSULTANCY
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NOTICE OF INTENTION TO SUBMIT DISSERTATION/THESIS

A: To be filled by candidate

1. Name (in full):
2. Address:
3. Department/Institute:Faculty.....
4. Degree registered for:.....
5. Title of Thesis/Dissertation:

6. Effective Date of Registration:
7. Name of Supervisor(s): (1)
 (2)
 (3)
 (4)
8. I confirm that I shall submit my thesis/dissertation* on:.....
9. Candidate's Signature: Date:.....

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

10. Supervisors Comments: It is possible/not possible
 Name of Supervisor:Faculty/Institute.
 Signature..... Date.....

C: To be completed by Head of Department:

11. The Department is proposing the following Examination arrangements:

1. Internal Examiner(s) (Supervisors):

(a)

(b)

(c)

2. Internal Examiner (who did not Supervise the dissertation/Thesis*):

.....

3. External Examiner (Name):

Name:.....

Address:.....

.....

Telephone No.:.....

(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 Dean /Director of the Faculty/Institute to make recommendation:

12. The Faculty/Institute has noted the proposed examination arrangements by the Department and recommends/does not recommend* the arrangements.

Name of Faculty Dean/Institute Director.....

13. Signature:..Date:

*Delete what is not applicable.