

## AGRICULTURE AND TECHNOLOGY GRADUATE SCHOOL

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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				
(ii) Indicate the Journal Impact Factor (iii) Departmental/ School Seminars Presented				
Signature of Candidate	Date:			
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		ignature		Date
1 <sup>st</sup> supervisor:				
2 <sup>nd</sup> supervisor:				
3 <sup>rd</sup> supervisor:				
4 <sup>th</sup> supervisor:				
Department and school / directorate	e Approva	l <b>:</b>		
COD: Name	Signature			Date
Deans/ Director :Name	Signature			Date