



SCHOOL OF POSTGRADUATE STUDIES
MKU/PG/F010: THESIS BOARD OF EXAMINERS REPORT FORM

This form is to be completed, signed by all the examiners and returned to the chairman of the Postgraduate Studies Committee immediately after the meeting.

PART I STUDENT PARTICULARS

- (a) Name ..... Reg. No .....
(b) School ..... Department .....
(c) Programme of study: .....
(d) Area of specialization .....
(e) Title of thesis
..... (Not exceeding -----words)
(f) Names of Thesis supervisors:
(i) .....
(ii) .....
(iii) .....
(g) Date on which the examination is held.....

PART II: RECOMMENDATIONS OF THE BOARD OF EXAMINERS (Tick appropriately)

- a) The thesis has minor corrections to be made. The degree can be awarded once these corrections have been attended to within three (3) months from the date of this oral examination. [ ]
b) The thesis has major corrections to be made and requires revision. The revision should be done within 6 months but not less than three (3) months from the date of this oral examination with an additional supervisor who will be recommended by the Board of Examiners to oversee the corrections. The degree can be awarded once these corrections have been attended to. [ ]
c) The thesis has very serious weaknesses and requires to be revised. The revision should be done within 12 months from the date of this oral examination for resubmission, re-examination and re-defence. (If the Board deems it necessary, an additional supervisor may be recommended) [ ]

- d) The candidate's thesis does not meet the minimum threshold for the award of the degree and therefore FAILS.

**PART III: CORRECTIONS / REVISION SUPERVISORS.**

The following supervisors will oversee the corrections / revision (*tick as appropriate*)

<u>Name of supervisor</u>	<u>Department</u>
(i) Prof/Dr/Mr./Mrs. ....	.....
(ii) Prof/Dr/Mr./Mrs.....	.....
(iii) Prof/Dr/Mr/Mrs .....	.....

**PART IV: MEMBERS OF THE EXAMINERS PANEL.**

<u>Members' Name</u>	<u>Signature</u>
1. Chairman/ Sch. Dean Prof/Dr .....	.....
2. External Examiner Prof/Dr .....	.....
(If available)	
3. 1 <sup>st</sup> internal Examiner Prof/Dr .....	.....
4. 2 <sup>nd</sup> Internal Examiner Prof/Dr .....	.....
5. 1 <sup>st</sup> Board Member Prof/Dr .....	.....
6. 2 <sup>nd</sup> Board Member Prof/Dr .....	.....
7. Senate Representative Prof/Dr .....	.....
8. Panel's Secretary (PSC )Dr/Mr. ....	.....

Examination date .....