

THE OPEN UNIVERSITY OF TANZANIA
DIRECTORATE OF POSTGRADUATE STUDIES

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NOTICE OF INTENTION TO SUBMIT THESIS
MASTERS BY THESIS & PhD AND EXAMINATION ARRANGEMENTS
(To be completed in Triplicate)

SECTION A: TO BE COMPLETED BY THE CANDIDATE

- (1) Name in Full:
- (2) Reg.Number.....
- (3) Department:
- (4) Faculty:.....
- (5) Degree Registered for:.....
- (6) Mode of Learning:.....
- (7) Registration date:.....

(Note that you may be allowed to submit your Thesis for examination only if you remain with not more than six months to the minimum period of the programme which is three years for PhD and two years for Master programs).

- (8) Date when oral presentation of the proposal was made:
- (9) Number, dates, places and titles of seminar presentation (Note that it is mandatory that a candidate gives at least one seminar presentation before submitting the Thesis):

SN	Date	Seminar Title	Place	Local (e.g. departmental, faculty seminar series etc.)	International

- (10) Titles of published papers in local or International Journals or Conferences (Indicate dates and places):

SN	Name of the publication	Local	International/conference	Dates and place of publication

(11) Please attach your TWO most recent progress reports forms

Date of first Progress report form:.....

Date of Second Progress report form:.....

(12) Approved Title of

Thesis:.....

.....

(13) Names of Approved Supervisor(s)

SN	Name of approved supervisor	Postal address	Email address	Phone No.
1.				
2.				

CANDIDATE DECLARATION

(14) I hereby declare that I have completed my thesis and met all the

Requirements for the award of

Degree and I intend to submit my Thesis for examination within the coming three months.

Date: Signature of student:

SECTION B: TO BE COMPLETED BY SUPERVISOR(S)

(15) I/We hereby confirm that the candidate is in the process of drafting his/her thesis and I am/we are of the opinion that he/she should be in a position to submit the Thesis within 3 months from now.

First Supervisor's Name.....

Signature: Date:

Second Supervisor's Name:

Signature:Date:

SECTION C: TO BE COMPLETED BY THE HEAD OF DEPARTMENT

After consultation with supervisor(s) of the candidate, I propose that the following be considered for appointment, as examiners for the candidate's Thesis:

(a) Potential External Examiners

SN	External Examiners	Postal address	Email address	Phone No.
1.				
2.				

b) Proposed Internal Examiners

SN	Internal Examiner	Postal address	Email address	Phone No.
1.				
2.				

Name of the Head of Department

Signature.....Date.....

SECTION D: RECOMMENDATION BY THE FACULTY DEAN

Faculty Name:

Comments of the Dean Recommended/Not Recommended.....

Name

Signature Date:

SECTION E: TO BE COMPLETED BY THE DIRECTOR OF POSTGRADUATE STUDIES

i) I approve recommended submission and examination arrangement

ii) I do not approve recommended submission and examination arrangement for the following

reasons:

Name

SignatureDate: