

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 refer (ii) Departmental/ School Seminars Pressing Signature of Candidate		(indicate Journ	al impact fac	ctor	
**Date of submission must be within to	vo months f		acceptance	of the intent t	o submit
SECTION B (DECLARATION)	J	J	1	J	
The thesis to be submitted has not pre-					
not concurrently submitted in candid					
independent research/investigation, ex	cept where	otherwise state	ed. Other so	urces are ack	nowledged
through clear references. Candidate's Signature			Date		
Supervisor Approval			Date		
This thesis is to be submitted with our	approval.				
Name		Signature		Date	
1 st supervisor:					
2 nd supervisor:					
3 rd supervisor:					
	. =				
Department and school / directorate				D /	1
COD: Name	Signature			Date	
Deans/ Director :Name	Signature			Date	