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P. O. Box 7062, Kampala-UGANDA

# **MAKERERE**

# **UNIVERSITY**

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**SUBMISSION OF THESIS/DISSERTATION FOR EXAMINATION**

## DOCTORATES (PhDs) AND MASTERS

***{To be filled in 3 copies for: Dean, Chair, Directorate of Research and Graduate Training}***

**Name of Student: ………………………………………………....... Registration No:…………………**

**College:…………………………………………………………………………………………………….**

**School: …………………………………………………………………………………………….............**

**Title of Thesis:………..…………………………………………………………………………………...**

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I hereby submit my thesis/Dissertation having written it myself under the guidance of my Academic Supervisors and within the scope of the Research Proposal I presented before the Departmental Research and Graduate Training Committee. I have also cleared all the University dues (***Please attach a copy of financial statement***)[[1]](#footnote-1).

**Signature of Student: ………………………………….. Date: ……………………….**

***To be filled by the Academic Supervisors allocated to the student by the Departmental Research and Graduate Training Committee***

This is to certify that the above named student has, to our satisfaction, written his/her thesis under our supervision, and this thesis is ready for examination.

**Name of Supervisor 1: ……………….…..………. Signature:……..….…………… Date: ………...**

**Name of Supervisor 2: …………….…..…………. Signature:……..….…………… Date: ………...**

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***Received by the Dean***

**Name of Dean: ……………………………… Signature: ……….……..………. Date: …………...**

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**\*\*Cleared by:……………………………………(College Bursar)**

1. 1 A copy of this form should be submitted to Office No. 414, senate building for the student’s file. [↑](#footnote-ref-1)