



**KENYATTA UNIVERSITY**

**DEPARTMENT OF COMMUNITY HEALTH**

**APPROVAL FOR POSTGRADUATE DEFENCE**

**STUDENT NAME** ..... **ADM. NO** .....

**REPORT TITLE** .....

.....

.....

**TYPE OF REPORT: (tick as appropriate)**      **PROPOSAL**       **THESIS**

**SIGNED** ..... **DATE** .....

**TELEPHONE** ..... **EMAIL**.....

**SUPERVISOR APPROVALS**

As supervisors we hereby confirm that the student has prepared the above report to a level satisfactory for defense. We hereby give no objection for the student to defend the report.

**NAME (FIRST SUPERVISOR)** ..... **DEPARTMENT** .....

**SIGNATURE** ..... **DATE** .....

**TELEPHONE** ..... **EMAIL**.....

**NAME (SECOND SUPERVISOR)** ..... **DEPARTMENT** .....

**SIGNATURE** ..... **DATE** .....

**TELEPHONE** ..... **EMAIL**.....

**NAME (THIRD SUPERVISOR)** ..... **DEPARTMENT** .....

**SIGNATURE** ..... **DATE** .....

**TELEPHONE** ..... **EMAIL**.....

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\* Forms to be accompanied by 1<sup>st</sup> Semester school fees statements and results slip for all proposal defenses

\*\* Forms should be accompanied with full fee statement for all thesis defenses