KENYATTA UNIVERSITY

DEPARTMENT OF HEALTH MANAGEMENT AND INFORMATICS

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 1st Semester school fees statements and results slip for all proposal defenses

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