

LAIKIPIA



UNIVERSITY

P.O. Box 1100-20300,
NYAHURURU,
KENYA

TEL: +254-(0) 20 2671779, 20-2671771;
Cell: +254 0729285902, 0729281902
bpgs@laikipia.ac.ke; www.laikipia.ac.ke

**OFFICE OF THE DIRECTOR
GRADUATE SCHOOL**

RESEARCH PROPOSAL FORWARDING FORM
FOR MASTER’S THESIS / PROJECT AND PHD THESIS

This form, duly completed, should be submitted together with the following:

- A. Six (6) loosely bound copies of the Research Proposal (duly signed);
- B. One CD containing both a Word document and PDF document of the proposal;
- C. A copy of the Abstract, Work Plan and Budget;
- D. A duly signed School Certificate of Correction;
- E. A copy of the School Proposal Defence Minutes;
- F. A Correction Matrix generated by the student on what was recommended and what has been done;
- G. Fee Statement.

SECTION A (to be filled in by candidate)

- 1. Name: -----
- 2. Reg. No: -----Degree ----- Cell Phone No: -----
- 3. Department: -----
- 4. School/Faculty: -----
- 5. Proposal Title: -----

- 6. Candidate’s Signature: -----Date: -----

SECTION B (to be filled in by Supervisors)

- 7. The candidate successfully defended his/her proposal on -----
(i) Name: -----
Area of Specialization-----
Sign: ----- Date: -----

Vision: A University for Valued Transformation of Society
Mission: To serve students and society through research, education, scholarship, training, innovation, outreach and consultancy

Laikipia University is Certified to ISO 9001:2015 and ISO/IEC 27001:2013



(ii) Name: -----

Area of Specialization-----

Sign: ----- Date: -----

(iii) Name: -----

Area of Specialization-----

Sign: ----- Date: -----

SECTION C (to be filled in by Chair of Department)

8. I commit that:

(Tick appropriately)

i. The research supervisors are experienced enough to supervise the research: YES/NO

ii. There are adequate facilities for conducting the research: YES/NO

iii. The budget is reasonable: YES/NO and Feasible: YES/NO

iv. Any other comments: -----

Proposal Approved Not Approved

Name: ----- Sign: ----- Date: -----

SECTION D (to be filled in by Dean of School)

9. The facts given above are correct/incorrect

Any other comments: -----

Proposal Approved Not Approved

Name: ----- Sign: ----- Date: -----

SECTION E (to be filled in by Director Graduate School)

10. Graduate School is in receipt of six (6) loosely bound proposals and all the required documents.

Name: -----Sign: ----- Date: -----

Vision: A University for Valued Transformation of Society

Mission: To serve students and society through research, education, scholarship, training, innovation, outreach and consultancy

Laikipia University is Certified to ISO 9001:2015 and ISO/IEC 27001:2013

