



**KWAME NKURUMAH UNIVERSITY OF SCIENCE AND TECHNOLOGY**  
**SCHOOL OF GRADUATE STUDIES**

**FINAL THESIS SUBMISSION FORM**  
**POSTGRADUATE MASTER'S AND DOCTORATE DEGREE**

(To be completed in Triplicate)

**A. CANDIDATE**

1. Name of Candidate: .....
2. Index No. (PG) .....
3. Phone No.: .....
4. Department: .....
5. College: .....
6. Degree: .....
7. Date of Registration: .....
8. Date of Oral Examination: .....
9. Title of Thesis: .....  
.....  
.....  
.....

10. Recommended date of submission of corrected thesis

14 days       30 days       60 days       90 days

11. Date of Submission to Internal Supervisor: .....

Signature of Candidate: .....

**B. Internal Examiner Certification**

1. I ..... do hereby certify that the candidate has diligently revised the Thesis to reflect suggestions from the Board of Examiners.
2. Date Thesis received: ..... Signature: .....

**C. HEAD OF DEPARTMENT**

1. Date of Revised Thesis received: ..... Signature: .....
2. Date of Submission to SGS: .....
3. Name: ..... Signature:.....