

KWAME NKRUMAH 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. Month and Year of Admission:
8. Date of Oral Examination:
9. Title of Thesis:
.....
.....
10. Recommended days of submission of corrected thesis
14 days 30 days 60 days 90 days
11. Date of Submission to Internal Examiner:

Signature of Candidate:

B. INTERNAL EXAMINER'S CERTIFICATION:

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

C. HEAD OF DEPARTMENT

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