SEKU/ARI/BPS/F-6B

SOUTH EASTERN KENYA UNIVERSITY
OFFICE OF THE DIRECTOR
BOARD OF POSTGRADUATE STUDIES

P.O. BOX 170-90200,
KITUI, KENYA
Email: info@seku.ac.ke

TEL: 020-2413859 (KITUI)
Email: directorbps@seku.ac.ke

CONSTITUTION OF BOARD OF EXAMINERS

SECTION A: To be completed by the relevant Department (C.O.D)
(Propose at least 2 external examiners)

1. External Examiner's Full Names:_____

   (Area of Specialization) _____

   Full Address. _____

   Institution: _____

   Department: _____

   Mailing Address: _____

   _____

   _____

   E-mail Address: _____

   Tel. No: _____ Cell Phone No: _____

   C.V of the External Examiner must be attached.

2. External Examiner's Full Names: _____

   (Area of Specialization) _____

   ***Full Address**:* _____

   Institution: _____

   Department: _____

   Mailing Address: _____

   _____

   _____

E-mail Address: _____

Tel. No: _____ Cell Phone No: _____

C.V of the External Examiner must be attached.

3. Internal Examiner's Name: _____ Emp/No _____

   (Non-Supervisor)
   (Area of Specialization) _____

   Department: _____

   E-mail Address: _____

   Cell Phone No: _____

4. Internal Examiner's Name: _____ Emp/No _____

   (Non-Supervisor)
   (Area of Specialization) _____

   Department: _____

   E-mail Address: _____

   Cell Phone No: _____

NAME OF DEPARTMENT _____

Signature of Chair of Department _____ Date _____

SECTION B: To be completed by the Dean of relevant School

5. BOARD MEMBER (Not from Candidate's Department)

   Full Names: _____

   (Area of Specialization) _____

   Department: _____

   E-mail Address: _____

   Cell Phone No: _____

6. BOARD MEMBER (From Candidate's Department)

   Full Names: _____

   (Area of Specialization) _____

   Department: _____

   E-mail Address: _____

   Cell Phone No: _____

Approved at a School Board meeting held on:

Name: _____ Signature _____ Date _____

Dean of School-.

(Attach minutes of the School Board)

SECTION C. To be completed by H.O.D.

7. Students Supervisor (In-attendance).

   Full Names: _____ Emp/No _____

   (Area of Specialization) _____

   Department: _____

   E-mail Address: _____

   Cell Phone No. _____

SECTION D. To be completed by Board of Postgraduate Studies.

BPS committee Representative (Ph.D. Candidates): _____

School: _____

Approved by Chairperson (Signature) _____

Board of Postgraduate Studies at a meeting held on: _____

INSTRUCTIONS:

a. The completed Notice of Submission Form to be submitted to the **Director, Board of Postgraduate Studies, Three (3) months** prior to the Submission of Thesis.
b. A **copy**, should be retained by the **Dean of relevant School** for records.