



KENYATTA UNIVERSITY

DEPARTMENT OF COMMUNITY HEALTH

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**.....

* 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