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UNIVERSITY OF NAIROBI

# SCHOOL OF BUSINESS MSC PROGRAMMES

**MSc PROPOSAL/PROJECT SUPERVISION ALLOCATION FORM**

**SECTION A: (To be completed by the student)**

Name of student…………………………………......…………. .................... Reg. No.: ...........................................................

Mobile phone: …………………………................................................... Email: .................................................................

Department: ....................................................................................................................................................................................

Specialization: (Tick as appropriate)

1. MSc. Marketing [ ]
2. MSc. Human Resource Management [ ]
3. MSc. Entrepreneurship & Innovations Management [ ]
4. MSc. Finance [ ]

Proposed Title of Study: …………………………………………………………………….................................................................................

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Name of Preferred Supervisor(s): (i) ....................................... (ii) ............................................ (iii) ..................................

Signature of student…………………………....………………......................... Date: …………………………………...........................

**SECTION B: (For Official Use only. To be completed by the Department)**

1. **Name of Supervisor Allocated:**

Supervisor: ........................................................................................ Mobile No.: .......................................................

Co-Supervisor (If any): .................................................................. Mobile No.: .......................................................

Moderator: ........................................................................................ Mobile No.: .......................................................

1. **Proposal Presentation/Submission Dates**

Proposal Presentation: ............... Oral Defence: ................. Project Report Submission Date: ............

**Approved by Supervision Allocation Officer:**

Name…………………………… ....................... Signature: ………......................................… Date: ……..........................................

**Approved by Chairman of Department:**

Name…………………………...................… Signature: ……....................................……. Date: ….............................................

**NOTE:**

1. A student shall not commence proposal writing before allocation of University supervisor.
2. Each student **MUST** fill in the attached declaration form on plagiarism and collusion.
3. Original Transcript, Fees Statement and Synopsis should be attached to this form. This form is available in the Department, SOB website or MSc. office. Students get their copy later from the Department after allocation is done.
4. The approved copy of this form must be attached to the proposal when submitting for moderation and presentation and when submitting the final project.
5. Original to be filed in the Department.