



UNIVERSITY OF NAIROBI DOCTORAL STUDIES

PROGRAMME

PhD INDEPENDENT STUDY PAPER SUPERVISION ALLOCATION FORM

SECTION A: (To be completed by the student)

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

Mobile phone: Email:

Proposed Title of the Independent Study Paper:

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

(Proposed supervisor is only a guide and does not guarantee that proposed supervisor will be allocated)

Department: Management Science [] Finance & Accounting [] Business Administration []

Specialization (Tick as appropriate)

- i) Marketing
- ii) Human Resource Management
- iii) Strategic Management
- iv) International Business
- v) Entrepreneurship
- vi) Finance
- vii) Accounting
- viii) Operations Management
- ix) Management Information Systems
- x) Global Management

Turnitin Research Proposal/Report Submission Email

- [] dba_dma.research@uonbi.ac.ke
- [] dba_dhr.research@uonbi.ac.ke
- [] dba_dsm.research@uonbi.ac.ke
- [] dba_dib.research@uonbi.ac.ke
- [] dba_dsm.research@uonbi.ac.ke
- [] dfa_dfin.research@uonbi.ac.ke
- [] dfa_dacc.research@uonbi.ac.ke
- [] dms_dom.research@uonbi.ac.ke
- [] dms_dis.research@uonbi.ac.ke
- [] dba_dsm.research@uonbi.ac.ke

Note:

- Each student **MUST** fill in the attached declaration form on plagiarism and collusion.
- Original Transcript, Fees Statement and Synopsis are supposed to be attached to this form. The form is available in the Department, SOB website or Ambank House. Students get their copy later from the PhD Office after allocation is done.

Signature of Student: Date:

SECTION B: (For Official Use only. To be completed by DSC)

i) Name of Supervisors Allocated:

Lead Supervisor: Mobile No.:

*No. of students allocated this academic year:

Co-Supervisor: Mobile No.:

*No. of students allocated this academic year:

ISP Moderator: Mobile No.:

*No. of students allocated this academic year:

ii) Proposed dates for Submission:

Oral Defence: Report Submission:

Signed: Chairman of Department

Name..... Signature: Date:

Approved by: Associate Dean, GBS

Name..... Signature: Date:

*** To be filled by the departmental secretaries before forwarding the form to the Chairman.**

NOTE: A student shall not commence proposal writing before allocation of University supervisor