



UGANDA CHRISTIAN UNIVERSITY

School for Research and Postgraduate Studies

"A Centre of Excellence in the Heart of Africa"

MDOC/4

P.O.BOX

.....

TEL.....

The Head of..... Department
Uganda Christian University,
P.O. Box 4, Mukono

Thru:
The supervisor

Dear Sir,

RE: NOTICE OF INTENT TO SUBMIT DISSERTATION/THESIS FOR EXAMINATION

I wish to notify your office that we intend to submit our dissertation entitled

.....
for examination for the award of the degree of PhD/Doctor/Master

.....
of Uganda Christian University.

NAME OF CANDIDATE:

SIGNATURE: DATE:

NAME OF THE SUPERVISOR:

SIGNATURE: DATE:

(TO BE FILLED IN TRIPLICATE)