

UNIVERSITY OF NAIROBI FACULTY OF BUSINESS AND MANAGEMENT SCIENCES DOCTORAL STUDIES PROGRAMME

PhD INDEPENDENT STUDY PAPE	R SUPERVISION ALLOCATION FORM
SECTION A: (To be completed by the student)	

Name of stude	ent	
Mobile phone:		C C
-		r:
		(ii)
(Proposed supe	ervisor is only a guide and does not g	guarantee that proposed supervisor will be allocated)
Department:	Management Science [] & Project Planning	Finance & Accounting [] Business Administration []
Specialization	(Tick as appropriate)	Turnitin Research Proposal/Report Submission Email
iii) Strate iv) Intern v) Entre vi) Finan vii) Accou viii) Opera ix) Mana Note: • Each stude • Original Tr	an Resource Management egic Management ational Business preneurship ce unting ations Management gement Information Systems ent MUST fill in the attached declarat anscript, Fees Statement and Synop] 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 [] dfa_dacc.research@uonbi.ac.ke [] dms_dom.research@uonbi.ac.ke [] dms_dis.research@uonbi.ac.ke
Signature of S	Student:	Date:
SECTION B:	(For Official Use only)	
Name of Sup	ervisors Allocated:	
Lead Supervis	sor:	Mobile No.:
*No. of student	s allocated this academic year:	
Co-Superviso	r:	Mobile No.:
*No. of student	s allocated this academic year:	
ISP Moderato	r:	Mobile No.:
*No. of student	s allocated this academic year:	
ii) Prope	osed dates for Submission:	
Oral [Defence:	Report Submission:
Approved by	: Chairman of Department	

Name...... Signature: Date and Stamp:

* 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