

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

PhD INDEPENDENT STUDY PAPER SUPERVISION ALLOCATION FORM

SECTION A: (To be completed by the student)	N SUPERVISION ALLOCATION FORM
Name of student	Reg. No.:
Mobile phone:	Email:
Proposed Title of the Independent Study Paper:	
	(ii) (iii)
(Proposed supervisor is only a guide and does not guarantee	that proposed supervisor will be allocated)
Department: Management Science [] Finance & Project Planning	ce & Accounting [] Business Administration []
Specialization (Tick as appropriate) Turnit	in Research Proposal/Report Submission Email
i) Marketing [] dept-busadmin@uonbi.ac.ke
ii) Human Resource Management [] dept-busadmin@uonbi.ac.ke
iii) Strategic Management [] dept-busadmin@uonbi.ac.ke
iv) International Business [v) Entrepreneurship [] dept-busadmin@uonbi.ac.ke] dept-busadmin@uonbi.ac.ke
vi) Finance [] dept-acc@uonbi.ac.ke
vii) Accounting [] dept-acc@uonbi.ac.ke
viii) Operations Management [] dept-mgtsci@uonbi.ac.ke
ix) Management Information Systems [] dept-mgtsci@uonbi.ac.ke
Note: Each student MUST fill in the attached declaration form of	on planiariom and callusion
• Original Transcript, Fees Statement and Synopsis are s	supposed to be attached to this form. The form is available in the udents get their copy later from the Department after allocation is
Signature of Student:	Date:
SECTION B: (For Official Use only)	
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 Internal Examiner	Mobile No.:
*No. of students allocated this academic year:	
ii) Proposed dates for Submission:	
Oral Defence:	Report Submission:
Approved by: Chairman of Department	
NameSignature:	Date and Stamp:

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

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