



**MZUMBE UNIVERSITY
(CHUO KIKUU MZUMBE)**

DIRECTORATE OF RESEARCH, PUBLICATIONS & POSTGRADUATE STUDIES

Tel: +255 23 2931220/21/22
 Fax: +255 23 2931216
 Cell: +255 754694029
 E-Mail: drps@mzumbe.ac.tz
 Website: www.mzumbe.ac.tz

P. O. Box 63,
 Mzumbe,
 TANZANIA.

PHASE TWO/FINAL-DISSERTATION SUBMISSION FORM

SECTION A: TO BE COMPLETED BY THE CANDIDATE

Your details			
Surname		Student No	
Forenames			
Department			
Degree Programme			
Email & Phone Nos			
Dissertation Title			
Name of Supervisor			
Your Confirmation	<ul style="list-style-type: none"> ➤ My dissertation complies fully with the provisions of the Mzumbe University guidelines for writing thesis and dissertation and other regulations governing research degrees ➤ I understand that my dissertation will not be accepted if any of the provisions in the guideline mentioned above is not honoured. ➤ I confirm that all of the work recorded in my dissertations is original unless otherwise acknowledged in the text and by references. 		
Your Declaration	<p>I hereby declare that I have incorporated all relevant comments raised by external and internal examiners; and from oral examination and hereby submit two hardbound copies of my dissertation, a readable exact copy (in word format) of the same dissertation in a CD and a copy of turnitin similarity index of equal or less than 30% to the Department.</p>		
Signed:	Date:		

SECTION B: TO BE COMPLETED BY THE SUPERVISORS

I/We hereby confirm that the candidate has incorporated all relevant comments from external examiner(s), internal examiner(s) and oral examination as per matrix evidence attached and that the final version is **checked against plagiarism** and conforms to Mzumbe University requirements. I therefore, approve him/her to submit two hardbound copies and a readable soft copy (in word format) of the dissertation in a CD to the Department for further processes.

1. Name of Major Supervisor

Signature of Major Supervisor

Date:

2. Name of Co-Supervisor.....

Signature of Co-Supervisor.....

Date:

SECTION C: TO BE COMPLETED BY THE (HEAD OF) DEPARTMENT

I hereby confirm that two hardbound copies, one readable softcopy (in word format) of the dissertation in a CD, a copy of turnitin report with similarity index equal or less than 30% generated by turnitin software and evidences of incorporating comments raised by external and external examiners and during oral examination have been received by:

Name:

Designation:.....

Department of.....

Campus College/Faculty/School/Institute of

Signature:

Date:
