**MAKERERE UNIVERSITY**

P.O. Box 7072 Kampala Uganda Phone: 256 0712210937

E-maildprincipal@chs.mak.ac.ug Fax: 256-41-532204

**COLLEGE OF HEALTH SCIENCES**

**Dissertation Examination Form**

**A. INTENT TO SUBMIT THESIS/DISSERTATION FOR A HIGHER DEGREE OF MAKERERE UNIVERSITY**

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**PART 1: STUDENT DETAILS**

Student Number: **1900730034**

Name: **Kariuki Gathirwa Eric** Student Registration Number: **2019/HD07/30034U**

Department: **Immunology and Molecular Biology** Degree programme: **MSc. Bioinformatics**

Thesis/Dissertation Title**: Microbiome Metatranscriptomics of the Black Soldier Fly Larvae Gut for Identification and Functional Characterization of Lignocellulosic Biomass-Degrading Bacteria**

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**PART 2: CANDIDATE’S CONTACT DETAILS**

Telephone: **+254701049185** Email address: **ericgathirwak@gmail.com**

Alternative e-mail: **ekariuki@icipe.org**

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**PART 3: ANTICIPATED SUBMISSION DATE**

I propose to submit my thesis/Dissertation on **7th January 2022** (please enter date)

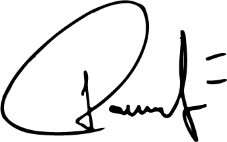
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**PART 4: REQUIRED APPROVAL OF SUPERVISOR(S)\***

I acknowledge that the above-mentioned candidate has indicated that he/she will be submitting his/her thesis/dissertation

for examination by the date indicated above. I regard this as a feasible time-frame for submitting the work, give the progress to date.

Name of Supervisor 1: **Dr. Gerald Mboowa** Sign: **** Date: **16/12/2021**

Name of Supervisor 2: **Dr. Juan Camillo Paredes** Sign: **** Date: **16/12/2021**

Name of Supervisor 3: **Dr. Caleb Kibet** Sign: **** Date: **16/12/2021**

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**DECLARATION BY CANDIDATE**

I Understand that:

In accordance with Regulations I need to give a minimum of three (Masters) and Six (PhD) months’ notice of my intention to submit my thesis/dissertation.

Acknowledgement of permission or permission has been sought for inclusion of any copyrighted materials and I shall take personal responsibility for any unethical issues including **plagiarism, and no-compliance with intellectual property protocols.**

I need to be fully registered when I submit my thesis and that all fees (including tuition and other functional fees) must be paid at the point of submission. I understand that the University will not accept a thesis for examination with any outstanding debts.

**Candidate’s signature:  Date: 16/12/2021**

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**Please complete and submit this form to the Deputy Principal at least three months (for Masters) and six months (PhD) BEFORE submission of your thesis/dissertation for examination.**

\*Please contact your Head of Department if any of your supervisors change before you submit your thesis/dissertation,

**NOTE: PLEASE ATTACH YOUR FINANCIAL STATEMENT BEFORE MAKING ANY SUBMISSION**

**B. FOR OFFICIAL USE ONLY**

**PART 5: Departmental/School Nomination & Recommendation for Appointment.**

**The Dean, School of…………………………………………………………………………**

You are hereby requested to take action as follows:

a) Nomination of examiners:

1. Internal examiners (*Supervisors should not be nominated to serve as Internal Examiners*);

Name & e-mail address/phone No. of examiner 1; ………………………………………………….

Name & e-mail address/phone No. of examiner 2; …………………………………………………..

Name & e-mail address/phone No. of examiner 3; …………………………………………………..

1. External examiner (s) (*Attach CV for new examiner*)

Name & e-mail address/phone No. of examiner: …………………………………………………….

b) Viva voce panel (5-6 members);

Name & e-mail address/phone No. of Panelist 1; ……………………………………………………………….

Name & e-mail address/phone No. of Panelist 2; ……………………………………………………………….

Name & e-mail address/phone No. of Panelist 3; ……………………………………………………………….

Name & e-mail address/phone No. of Panelist 4; ……………………………………………………………….

Name & e-mail address/phone No. of Panelist 5; ……………………………………………………………….

Name & e-mail address/phone No. of Panelist 6; ……………………………………………………………….

c) Public Defense **(PhD)** – the panel includes:

1. The Doctoral Committee;
2. 2-5 additional independent members;

Name & e-mail address/phone No. of Panelist 1; ……………………………………………………….

Name & e-mail address/phone No. of Panelist 2; ………………………………………………………

Name & e-mail address/phone No. of Panelist 3; ………………………………………………………

Name & e-mail address/phone No. of Panelist 4; ………………………………………………………

Name & e-mail address/phone No. of Panelist 5; ………………………………………………………

1. The Public (*is just in-attendance*).

d) Departmental signed minutes to accompany the nominations.

e) School Higher Degrees and Research Committee’s signed minutes after considering the nominees

and recommending appointment as examiners.

**Signature of the Dean: ………………………………..Date and stamp: …………………………….**

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**PART 6: Appointment of Examiners**

**Deputy Principal:** Received recommended nominees/examiners and signed minutes on; …./…. / …… and

Signed: ………………………..

a) Appointment Letter(s) issued to;

1. Internal examiner (s) ( Name & Date of issuing);…………………………………………………….

(1) ………………………………………………………………………………………………..

1. ………………………………………………………………………………………………

(3)…………………………………………………………………………………………………

1. External examiner (s) ( Name & Date of issuing); ……………………………………………………

b) Viva voce panel (5-6 members);

1. ………………………………………… (4)……………………………………………
2. ………………………………………… (5)……………………………………………
3. ………………………………………… (6)…………………………………………….

c) Examiners reports (3) (*examiner to submit report to Deputy Principal & copy to Dean after 3 months,*

*if not submitted a reminder be sent*).

d) Forward the three reports to the school as soon as they are in; indicate Date of forwarding ……/…../….

**PART 7: Examiners Reports and Viva Voce Examination**

**The Dean, School of……………………………………………………………..**

You are hereby requested to take action as follows:

1. Organize a viva voce examination
2. Submit signed Viva voce minutes to the **Deputy Principal**

**Signature of the Dean………………………………………..Date & stamp…………………………**

1. Received on this day; ……………………………………..and signed by: ………………………………………..

**Deputy Principal**

**PART 8: Final Submissions**

**The Directorate of Research and Graduate Training**

Please acknowledge receipt of the following:

1. Letter from the **Overseer** to the Director clearing the student for the **award** and **graduation.**
2. Student to submit to DRGT:
3. A compliance report
4. A testimonial indicated **Complete Coursework**  results
5. 3 copies of final thesis/dissertation (one copy meant for the School/Department).

**Signature of the Director:……………………………..Date & stamp…………………………….**

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