



KENYATTA UNIVERSITY
SCHOOL OF BUSINESS, ECONOMICS & TOURISM
MBA & DOCTORAL PROGRAMMES COORDINATION OFFICE

REQUEST FORM FOR CHANGE OF SUPERVISOR

Name of Student: Reg. No.:
Email: Mobile Tel:
Program: Department:
ie **MBA/MSc/PhD**
Name of Current Supervisor: Date of Allocation of Current Supervisor:
Area of Specialization:
Topic of Research:
Reason/s for Requesting for Change:
.....
Signature of Student: **Date:**

FOR OFFICIAL USE ONLY

Part 1 : DEPARTMENTAL BOARD OF POSTGRADUATE STUDIES

(a) Change Recommended

Reason:

Name of new Supervisor:

(b) Change not Recommended

Reason:.....

Chairman:..... **Signature:**..... **Date:**

Part 2 : CHAIRMAN OF THE DEPARTMENT

(a) Recommendation Approved []

(b) Recommendation not Approved []

Reason:

Chairman:..... **Signature:**..... **Date:**