**Examination for the Degree of Masters in Philosophy and Doctor in Philosophy  
FORM A: INTENTION TO SUBMIT FORM**

This form is to be completed by **the Primary Supervisor** and endorsed by the Head of Department and Faculty Dean. A hand signed copy of the completed form should be scanned and submitted to Dean of Postgraduate Studies and Research, College of Medicine, Private Bag 360, Chichiri Blantyre 3 Malawi, Email: [postgraduate@medcol.mw](mailto:postgraduate@medcol.mw) **within 3 calendar months of the intended submission date.**

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| --- | --- | --- | --- |
| **Student Name** |  | | |
| **Student Number** |  | **Faculty/School** |  |
| **Start Date for MPhil/PhD** *(dd/mm/yy)* |  | **Department** |  |
| **Title of Thesis** |  | | |
| **Primary Supervisor** |  | **Department & University** |  |
| **Secondary Supervisor** |  | **Department & University** |  |
| **Secondary Supervisor** |  | **Department & University** |  |
| **Intended Date of Submission** *(dd/mm/yy)* |  |  |  |

**PROPOSED EXTERNAL EXAMINERS DETAILS**

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| --- | --- | --- | --- |
| **Surname** |  | **First Name** |  |
| **Department & Faculty** |  | **University** |  |
| **Email** |  | **Telephone** |  |
| **Official Address** |  | | |
| **Mailing Address** *(for courier delivery if different from above)* |  | | |
| Have you contacted the Examiner prior to this submission?  Yes  No | | | |

**PROPOSED INTERNAL EXAMINERS DETAILS**

|  |  |  |  |
| --- | --- | --- | --- |
| **Surname** |  | **First Name** |  |
| **Department & Faculty** |  | **University of Malawi** | |
| **Email** |  | **Telephone** |  |
| **Official Address** |  | | |
| **Mailing Address** *(for courier delivery if different from above)* |  | | |
| Have you contacted the Examiner prior to this submission?  Yes  No | | | |

**For Official Use:**

*This section is to be completed by the Head of Department, the Dean of Faculty and Office of Postgraduate Studies and Research. The completed form will enable the Postgraduate Dean (PGD) contact the examiners to grade the thesis. Before submitting this form to the PGD, the Head of Department, in liaison with the Primary Supervisor should obtain the examiners’ curriculum vitae (CV) and review the same in line with UNIMA guidelines for appointment of external examiners.*

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| Does the Head of Department approve the examiners?  Yes  No | | | |
| **Comments** |  | | |
| **Name of Head of Department** |  | | |
| **Signature of Head of Department** |  | **Date** |  |
| Does the Dean of Faculty approve the examiners?  Yes  No | | | |
| **Comments** |  | | |
| **Name of Dean of Faculty** |  | | |
| **Signature of Dean of Faculty** |  | **Date** |  |
| Does the Postgraduate Dean approve the examiners?  Yes  No | | | |
| **Comments** |  | | |
| **Name of the Postgraduate Dean** |  | | |
| **Signature of the Postgraduate Dean** |  | **Date** |  |