

KENYA METHODIST UNIVERSITY  
DIRECTORATE OF POSTGRADUATE STUDIES

ANTI-PLAGIARISM CLEARANCE FORM FOR PROPOSAL (DPGS/F.04)

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Student Registration Number .....

Student Telephone Number .....

School /Department .....

Campus      Meru    [ ]                  Nairobi    [ ]                  Mombasa    [ ]

Title of Proposal .....

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.....

Names of Supervisors:

1 .....

2 .....

3 .....

Document Status:      (Please tick)

                PROPOSAL BEFORE DEFENSE    [ ]                  PROPOSAL AFTER DEFENSE    [ ]

Student Signature: .....Date.....

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