



**KENYATTA UNIVERSITY  
OFFICE OF THE CHAIRMAN  
DEPARTMENT OF FAMILY MEDICINE COMMUNITY HEALTH & EPIDEMIOLOGY**

**CERTIFICATE OF CORRECTION AFTER DEPARTMENTAL DEFENCE**

**STUDENT NAME** ..... **REG. NO** ..... Tel:.....

**TITLE** .....

.....

.....

**TYPE OF REPORT: (tick as appropriate)**      **PROPOSAL**            **THESIS**     

**DATE OF DEFENCE (also attach minutes)** .....      **SIGNED** .....

	Comments/Issues raised	How they have been addressed & specific pages
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		



**APPROVAL BY SUPERVISORS**

**1<sup>st</sup> Supervisor**

**Name:..... Date:..... Sign:..... Tel:.....**

**2<sup>nd</sup> Supervisor**

**Name:..... Date:..... Sign:..... Tel:.....**

**APPROVAL BY CHAIR OF DEPARTMENTAL BOARD OF POSTGRADUATE STUDIES**

**Name:..... Sign:..... Date:.....**

