

**KIRINYAGA UNIVERSITY**

**Declaration of Originality Form**

Students are required to fill and sign this form against scholarly works as advised from their respective Schools

Student Name _____
Reg. No _____
School _____
Department _____
Name of Course _____
Title of work _____
_____
_____

**DECLARATION**

1. I declare that this; Dissertation/Project/Thesis/Assignment, Research Paper is my original work and has not been submitted elsewhere for examination, award of a degree or publication.
2. I have not sought or used the services of any professional agencies to produce this work.
3. I have not allowed, and shall not allow anyone to copy my work with the intention of passing it off as his/her own work
4. I understand that any false claim in respect of this work shall result in disciplinary action taken against me.

**Name** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

## KIRINYAGA UNIVERSITY

### Plagiarism Incident Reporting Form (To be completed by Supervisor/Lecturer)

The supervisor/Lecturer to fill this form and submit it to the Chairperson of department/Dean of School with all relevant information on all cases of reported plagiarism.

Student Name: \_\_\_\_\_

Reg. No: \_\_\_\_\_

School: \_\_\_\_\_

Department: \_\_\_\_\_

Course Name: \_\_\_\_\_

Supervisor/Lecturer Name: \_\_\_\_\_

Description of plagiarism incident:

\_\_\_\_\_  
\_\_\_\_\_

Signature of Supervisor/Lecturer \_\_\_\_\_

Date: \_\_\_\_\_

Student's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Chairman of Department/Dean Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

KIRINYAGA UNIVERSITY

DIRECTORATE OF POSTGRADUATE STUDIES

Anti-plagiarism Clearance Form (Before Thesis/Project is examined)

**PART 1: TO BE COMPLETED BY STUDENT**

Student Name.....  
Student Registration Number .....  
Student Telephone Number.....  
School /Department .....  
Title of Thesis.....  
.....  
.....

Names of Supervisors:

- 1 .....
- 2 .....
- 3.....

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

**PART 2: OFFICIAL USE ONLY (TO BE COMPLETED BY LIBRARY STAFF)**

Similarity Index Percentage: .....

Date of scan: .....

Staff Name: ..... Signature.....

Date and Library Stamp: .....

Chairman of Department.....  
Name Sign Date

Director of Postgraduate Studies.....  
Name Sign Date