



Submission of Dissertation/Thesis for Examination

Faculty			
Department			
Qualification for which registered			
Offering type	Full time registration		Part time registration
Prior qualification			

Student Surname				Student No.	
First Names				Title (Mr, Ms)	
Postal Address					
Tel (W)	Tel (H)	Cell	Fax	e-Mail	
Title of Dissertation/ Thesis				Full	
				Partial	
				Dissertation/Thesis	

Supervisor					
Position			Present Qualifications		
Tel (W)	Tel (H)	Cell	Fax	e-Mail	
Co-Supervisor					
Position			Present Qualifications		
Tel (W)	Tel (H)	Cell	Fax	e-Mail	

I hereby grant the abovementioned student permission to submit his/her dissertation/thesis for examination.

Signed: _____ **Date:** _____

(Supervisor)

YES		NO	
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Signed: _____ **Date:** _____

(Co-Supervisor)

YES		NO	
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Signed: _____ **Date:** _____

(HoD)

Routing	Student		Supervisor		HoD		Faculty Officer	
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