APPLICATION FOR EXAMINATION OF THESIS

INSTRUCTIONS
This form must be completed in BLOCK CAPITALS and submitted to the Senior Assistant Registrar, Campus Office of Graduate Studies and Research not less than three (3) months before the expected date of submission of the thesis and must be accompanied by a receipt for the correct Examination fees.

SECTION A – To be completed by student and forwarded to the Supervisor

Receipt # ________________________

Name of Student:  ____________________________________________________________________________
(Last name)   (First name)   (Middle Name)

I.D. #   _____________________

Permanent Address:  ____________________________________

Telephone Nos.: _____________________   __________________________________

Email Address:  ____________________________________________________________________________

(This address will be used for all future correspondence relating to the examination and graduation processes. Please inform the Senior Assistant Registrar of any subsequent change of Address.)

Degree for which you are registered:  ____________________________________________

Faculty:    _____________________________________________________________________________

Supervisor/s:  _____________________________________________________________________________

Date of registration:  ____________________________________________

Have you previously entered for this examination?  ___________________ When?  __________________

Title of Thesis as approved by the University:  ____________________________________________

______________________________________________________________

Proposed date for submission for examination:  ____________________________________________

Titles of subsidiary published works, if any, submitted in support of candidate.  (Four (4) copies of each must be sent separately):

______________________________________________________________

Title of any Dissertation or Thesis for which a Degree of this or any other university has been conferred upon you, and extent (if any) to which such work is incorporated in the Thesis which you now submit.

______________________________________________________________

Signature of Student  ________________________________  Date  ________________________________
SECTION B – To be completed by Supervisor and forwarded to the Head of Department

SUPERVISOR’S STATEMENT

I hereby certify that Mr./Mrs./Miss ______________________________________ has completed his/her course of study at this University for a Higher Degree by thesis and has complied with the attendance requirements of the Faculty*. He/She has satisfactorily completed the following:

Research Seminars: (Please indicate dates)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Course Requirements:

Six Credits (applicable to MPhil) (Please give course titles and course codes)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Nine Credits (applicable to PhD) (Please give course titles and course codes)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

* If the Supervisor is not satisfied with the student’s performance he/she should delete this statement and write appropriate comments below.

Supervisor’s Comments:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Signature of Supervisor __________________________ Date __________

Signature of Head of Department __________________________ Date __________