



THE UNIVERSITY OF THE WEST INDIES
School for Graduate Studies and Research

**APPLICATION FOR EXAMINATION OF
RESEARCH PAPER/PROJECT REPORT**

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 two (2) months before the expected date of submission of the research paper/project report and must be accompanied by a receipt for the correct Examination fees (where applicable).

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 as a candidate for this examination: _____

Have you previously entered for this examination? _____ When? _____

Title of Research Paper/Project Report as approved: _____

Proposed date for submission for examination: _____

Name of Supervisor

Signature of Supervisor

Date

Name of Head of Department

Signature of Head of Department

Date