# Untitled

#### Notice of Intention to Submit Dissertation / Thesis for Examination

|  |  |
| --- | --- |
| Faculty |  |
| Department |  |
| **Qualification for which student is 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 wish to submit my dissertation/thesis for examination on:** |  |

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Student

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Supervisor

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Co-Supervisor

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

HoD

***The HoD must ensure that Examiners are appointed before submission of dissertation / thesis.***

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| **Routing** | **Student** |  | **Supervisor** |  | **HoD** |  | **Faculty Officer** |  |