

Submission of Dissertation/Thesis for Examination

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

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| --- | --- | --- | --- |
| 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** |

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| --- | --- |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**   | YES |  | NO |  |
| (Supervisor) |
| **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | YES |  | NO |  |
| (Co-Supervisor) |
| **Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  (HoD) |
|  **Routing** | **Student** |   | **Supervisor** |   | **HoD** |  | **Faculty Officer** |  |