



Notice of Intention to Submit Dissertation / Thesis for Examination

|  |                               |             |                               |                       |                               |  |
|--|-------------------------------|-------------|-------------------------------|-----------------------|-------------------------------|--|
| <b>Faculty</b>   |                               |             |                               |                       |                               |  |
| <b>Department</b>  |                               |             |                               |                       |                               |  |
| <b>Qualification for which student is registered</b>               |                               |             |                               |                       |                               |  |
| <b>Offering type</b>   | <b>Full time registration</b> |             | <b>Part time registration</b> |                       |                               |  |
| <b>Prior qualification</b>   |                               |             |                               |                       |                               |  |
| <b>Student Surname</b>   |                               |             |                               | <b>Student No.</b>    |                               |  |
| <b>First Names</b>   |                               |             |                               | <b>Title (Mr, Ms)</b> |                               |  |
| <b>Postal Address</b>  |                               |             |                               |                       |                               |  |
| <b>Tel (W)</b>   | <b>Tel (H)</b>                | <b>Cell</b> | <b>Fax</b>                    | <b>e-Mail</b>         |                               |  |
|  |                               |             |                               |                       |                               |  |
| <b>Title of Dissertation/ Thesis</b>                               |                               |             |                               |                       | <b>Full</b>                   |  |
|  |                               |             |                               |                       | <b>Partial</b>                |  |
|  |                               |             |                               |                       | <b>Dissertation/Thesis</b>    |  |
| <b>Supervisor</b>  |                               |             |                               |                       |                               |  |
| <b>Position</b>  |                               |             |                               |                       | <b>Present Qualifications</b> |  |
| <b>Tel (W)</b>   | <b>Tel (H)</b>                | <b>Cell</b> | <b>Fax</b>                    | <b>e-Mail</b>         |                               |  |
|  |                               |             |                               |                       |                               |  |
| <b>Co-Supervisor</b>   |                               |             |                               |                       |                               |  |
| <b>Position</b>  |                               |             |                               |                       | <b>Present Qualifications</b> |  |
| <b>Tel (W)</b>   | <b>Tel (H)</b>                | <b>Cell</b> | <b>Fax</b>                    | <b>e-Mail</b>         |                               |  |
|  |                               |             |                               |                       |                               |  |
| <b>I wish to submit my dissertation/thesis for examination on:</b> |                               |             |                               |                       |                               |  |

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.*

|                |                |  |                   |  |            |  |                        |  |
|----------------|----------------|--|-------------------|--|------------|--|------------------------|--|
| <b>Routing</b> | <b>Student</b> |  | <b>Supervisor</b> |  | <b>HoD</b> |  | <b>Faculty Officer</b> |  |
|----------------|----------------|--|-------------------|--|------------|--|------------------------|--|