

EXAMINATION ENTRY FORM FOR DPHIL THESES

The completed form should be submitted prior to thesis submission to the Deputy Registrar – Academic Affairs upon payment of \$200.00 examination fee

Full Name of Candidate							
Registration Number							
Title of Degree							
School							
Department							
Main Supervisor's Full Name							
Main Supervisor's email address							
Co -Supervisor's Full Name							
Co -Supervisor's email address							
Thesis title							
I declare that my supervisors have been consulted and : (Please tick in the appropriate spaces on a. and b. below)							
a. support submission of the above indicated thesis.				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
b. do not support submission of the above indicated thesis.				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Signature			Date				
MAIN SUPERVISOR							
I support the submission of this thesis for examination (Please tick)				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Signature				Date			
CHAIRMAN OF THE SHDC							
I support the submission of this thesis for examination (Please tick)				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Signature				Date			