**FACULTY OF MEDICINE AND HEALTH SCIENCES**

**notice of intention to submit
Master’s THESIS for examination**

|  |  |
| --- | --- |
| Full names of student |  |
| Student number |  |
| Degree programme |   |
| Title of thesis |   |
| Year of first registration |  |
| Department |   |
| Supervisor |  |
| Co-supervisor/s *(if applicable)* |  |
| Examiners approved at CPR? |   |
| Ethics Approval Number |  |

I hereby give notice that I intend to submit my dissertation in time for (mark with X):

|  |
| --- |
|  **MASTERS THESIS DUE BEFORE THE FOLLOWING DATES:** |
|  | * 1 September for December graduation

  |
|  | * 1 December for March graduation
 |

I confirm that I have taken note of the closing date for handing in my thesis

and will hand in by………………………………

 Signature: Student: …………………………………………………….

 Signature: Supervisor…………………………………………………

 DATE: ………………

**\*Email this form to** **tyg-thesis@sun.ac.za**