**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**](mailto:tyg-thesis@sun.ac.za)