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**INTENT TO SUBMIT THESIS**

*Please submit this form at least four months prior to your intended thesis submission date. The form is to be submitted by the candidate to Student Services.*

***SECTION 1 – TO BE COMPLETED BY THE STUDENT***

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| Name | ID number | Mode of study Full time Part time |
| Mobile number | Name of Director of Studies (DoS): |
| Programme |
| Title of thesis………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………Intended date thesis is to be submitted:…………………………………………………..…………If there are any particular arrangements or adjustments that need to be made in case of any specific disability or extenuating circumstances that you have to enable your full participation in the viva examination, please mention it here:…………………………………………………………………………………………………………………………………………………………………………………………….……………………………….……………………….………………………………………………………………………………..……………………….……………………………….……………………….………………………………………………………………………………..**Candidates’ declaration:**I confirm that I have read and understood the University policy and regulations on writing thesis and presenting thesis work.I confirm that I have sought advice of my DoS in considering the state of readiness of my thesis for submission and deciding to give this notice of intent. The Abstract of my thesis is attached in English.I confirm that my work will be proof-read as stipulated by the ‘Proof-reading’ policy and I am aware that a one-month period will be needed for the proof-reading process before the marking of the work can be started. I also confirm that I will get in touch with the DTC to complete the proof-reading process one-month in advance of submission of my thesis to Student Services.Signature: ……………………………….. Date: ……………………… |

***SECTION 2 –* FOR COMPLETION BY THE DIRECTOR OF STUDIES**

I note the proposed date for submission of the thesis on the date given above and

**□** do / **□** do not support the request for thesis submission.

**Signature** ……………………………….. **Date** ……………………………

***SECTION 3 –* FOR COMPLETION BY THE STUDENT SERVICES OFFICE**

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| Date of receipt: DD/MM/YYYY **□** Copies sent to DoS, DTC, HoP and Chair of RDC Original form filed in student file Signature …………………………….…………… |