



THE UNIVERSITY OF THE WEST INDIES
School for Graduate Studies and Research

**CERTIFICATE OF COMPLETION OF
THESIS/RESEARCH PAPER/PROJECT**

This form is to be completed by the Supervisor and signed off by both Supervisor and Head of Department. It must accompany the thesis/research paper/project when being submitted to the Campus Office of Graduate Studies and Research for examination.

Faculty in which student is registered: _____

Degree Programme: _____

I hereby certify that Mr./Mrs./Miss _____,
(Name in Full)

a registered student of the University has completed his/her:

- Thesis, and five (5) identical copies of the work [†], or
- Research Paper/Project, and four (4) identical copies of the work [†]

have been produced in accordance with the Regulations of the University and to our satisfaction*. The work is acceptable for examination.

Title of Thesis/Research Paper/Project: _____

[†] *Select as appropriate*

* *If the Supervisor is not satisfied with the student's performance he/she should delete this statement and write appropriate comments below.*

Supervisor's Comments: _____

Name of Supervisor

Signature of Supervisor

Date

Name of Head of Department

Signature of Head of Department

Date