



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

APPLICATION FOR EXAMINATION OF THESIS

INSTRUCTIONS

This form must be completed in BLOCK CAPITALS and submitted to the Assistant/Senior Assistant Registrar, Campus Office of Graduate Studies and Research not less than three (3) months before the expected date of submission of the thesis and must be accompanied by a receipt for the correct Examination fees.

SECTION A – To be completed by student and forwarded to the Supervisor

Receipt # _____

Name of Student: _____

(Last name) (First name) (Middle Name)

I.D. # _____ **Permanent Address:** _____

Telephone Nos.: _____

Email Address: _____

(This address will be used for all future correspondence relating to the examination and graduation processes. Please inform the Assistant/Senior Assistant Registrar of any subsequent change of address.)

Degree for which you are registered: _____

Faculty: _____

Supervisor/s: _____

Date of registration: _____

Have you previously entered for this examination? _____ When? _____

Title of Thesis (for approval): _____

Proposed date of submission for examination: _____

Titles of subsidiary published works, if any, submitted in support of candidate. *(Four (4) copies of each must be sent separately):* _____

Title of any Dissertation or Thesis for which a Degree of this or any other university has been conferred upon you, and extent (if any) to which such work is incorporated in the Thesis which you now submit.

Signature of Student

Date

SECTION B – To be completed by Supervisor and forwarded to the Head of Department

SUPERVISOR’S STATEMENT

I hereby certify that Mr./Mrs./Miss _____ has completed his/her course of study at this University for a Higher Degree by thesis and has complied with the attendance requirements of the Faculty*. He/She has satisfactorily completed the following:

Research Seminars: (Please indicate dates)

Course Requirements:

Six Credits (applicable to MPhil) (Please give course titles and course codes)

Nine Credits (applicable to PhD) (Please give course titles and course codes)

** 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: _____

Signature of Supervisor

Date

Signature of Head of Department

Date.

FOR OFFICIAL USE ONLY

Approved by the Chair, Campus Committee for Graduate Studies & Research:

Signature

Date