



**SCHOOL OF GRADUATE STUDIES**

**Intention to Submit Thesis Form**

To be completed and submitted to the Dean, SGS at least 3 months BEFORE submission of the thesis.

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Candidate's Name: ..... Reg. No. ....

Department: ..... School: .....

Degree programme: .....

**Declaration of Intent**

I hereby give notice of intention to submit my thesis for examination on ..... (Date)

Title of Thesis: .....  
.....  
.....  
.....

Attached hereto, please find an abstract of the work.

Candidate's Signature..... Date .....

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**Confirmation by Supervisor(s)**

I/We confirm that the candidate has discussed with me/us the intention to submit the thesis and duly approve this submission

Supervisor's Name: ..... Signature..... Date.....

Supervisor's Name: ..... Signature..... Date.....