

Thesis Submission Sheet For Masters Degrees

Graduate Centre

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Family Name:	
First Name:	ID Number:
Degree:	
Thesis title:	
Department/Specialisation:	
Main supervisor's name:	
Date Submitted:	Due Date:
I have submitted a digital copy of my thesis to ResearchSpace and confirm the digital copy and hard copies are identical: \Box	
Signed:	(Student)
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Library Consent form bound into the thesis: \Box	
cc: Department	