**University of Eswatini**

**Institute of Post-Graduate Studies**

**(FILLED IN TRIPLICATE)**

**NOTICE OF INTENTION TO SUBMIT THESIS FOR EXAMINATION**

To be completed by Master’s degree student four months before the thesis examination (i.e. **January/August**).

**Name of Student:**

**Student I.D. No.:**

**Programme of Study:**

**Proposed title of Thesis:**

**This notice is given on (date)** ………………………. For examination

 in (date) …………...….……….

**Signatures:**

Student: ………………………………………………. Date: ………………...

Supervisor:……………………………………………….. Date:…………………

Co-Supervisor: …………………………………………... Date: ………………...

Head of Department……………………………………… Date:…………………

**For office use only:**

**Received:**

Director IPGS:………………………………………………..……………..……………. Date:………………………………………………………………….…………………...