**CERTIFICATE OF SUBMISSION FOR EXAMINATION OF MASTERS RESEARCH REPORT / DISSERTATION OR PHD THESIS SIGNED BY HIGHER DEGREES CANDIDATES**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name | |  | | |
| Student number | |  | | |
|  | | | | |
| Title of submitted Research Project: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *NB: If this title is different to your previously approved title, no further action can be taken by the Faculty Office until a change of title has been approved.* | | | | |
| Contact no |  | | E-mail |  |

1. If you are likely to move in the next 6-12 months, please give the anticipated date of move: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I hereby submit my **Masters (research report)** / **Masters (dissertation)** / **PhD thesis for examination**   
   (Select whichever is applicable)
3. I have checked all copies of my research report / dissertation / thesis and declare that no pages are missing or poorly reproduced.
4. I have submitted \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ bound copies and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ copies on CD
5. **I confirm that I have:**
   1. A signed declaration indicating my understanding of the concept of plagiarism and a denial of plagiarism in my research document.
   2. A report from “Turnitin” (or other approved plagiarism detection) software indicating the level of plagiarism in my research document included as an appendix.
6. **I confirm that I have:**
   1. Not used either human or animal tissue or records **Yes/No**
   2. If yes: I have included the ethics waiver letter pertinent to my research as an appendix **Yes/No**
   3. Done research using animals **Yes / No**

If yes: I have included a copy of the animal ethics committee clearance certificate as an appendix in this document **Yes/No**

* 1. Done research using human subjects, human tissue or patient records **Yes / No**

If yes: I have included a copy of the human ethics clearance certificate as an appendix to the research  
 document **Yes/No**

1. I understand that I may not graduate unless my University fees have been paid in full.
2. My Supervisor(s) names, departments, telephone numbers and email addresses are as follows:

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | | |
| Department |  | | |
| Telephone |  | E-mail |  |
| Name |  | | |
| Department |  | | |
| Telephone |  | E-mail |  |
| Name |  | | |
| Department |  | | |
| Telephone |  | E-mail |  |

List all publications, which you have published in peer-reviewed journals from your postgraduate research report/dissertation/thesis during the course of your studies in the Faculty of Health Sciences (Include authors, year, title of paper, name of journal, volume number and page numbers). This information is mandatory.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_