**CERTIFICATE OF SUBMISSION FOR RE-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 |  |

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