

TO BE COMPLETED IN DUPLICATE AND SUBMITTED TO SGS

UNIVERSITY OF GHANA

SCHOOL OF GRADUATE STUDIES

THESIS/DISSERTATION SUBMISSION FORM

(To be submitted together with 2(MA/MPHIL) or 3 (PhD) SOFT BOUND (not comb binding) copies of thesis/dissertation through the Head of Department)

A. TO BE COMPLETED BY CANDIDATE

Name of Candidate.....

ID Number..... Nationality.....

Contact Address.....

.....

E-mail..... Telephone.....

Year of 1<sup>st</sup> Registration..... Degree Sought.....

Student Status: Regular  Extension  Referred  Re-admission

(Please attach evidence/relevant documents)

Thesis/Dissertation Title.....

.....

.....

Name(s) and address of Supervisor(s).....

.....

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

PLEASE TAKE NOTE THAT ALL CANDIDATES COMPLETING THIS FORM ARE REQUIRED TO ATTACH A COPY OF THEIR FEE STATEMENT TO THIS FORM. THESES/DISSERTATIONS WILL NOT BE PROCESSED WITHOUT THE FEE STATEMENT

B. TO BE COMPLETED BY HEAD OF DEPARTMENT

Details of written examination (list of titles of examination paper taken):.....

.....

.....

Date of passing written papers .....

Re-sit (if any) with date(s) .....

*Version 3: SGS Theses Submission Form-2/11*

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**CONFIDENTIAL INFORMATION:**

**Name and address of Internal Examiner:**

(Pls. attach completed data sheet if not submitted to SGS already)

i. ....  
.....

**Name(s) and address (es) of External Examiner(s):**

(Pls. attach completed data sheet if not submitted to SGS already)

i. ....  
.....

ii. ....  
.....

Have the Internal and External Examiners indicated their availability and consented to examine the thesis/dissertation within the prescribed time (i.e. 4-8 weeks)?

**Yes, I confirm that I have been in touch with the above examiners within the last one month and they have indicated their willingness and availability to examine the thesis/dissertation within 4 to 8 weeks**

**I have not been able to reach the above examiners within the last one month.**

Date on which the above-named examiners were approved by the Faculty Board:

.....

Signature and official stamp of HoD.....

Name..... Date.....

**PLEASE FORWARD BOTH FORMS AND 2 COPIES (MA/MSC/MPH/MPHIL) OR 3 COPIES (PHD) OF THE THESIS/DISSERTATION TO THE SCHOOL OF GRADUATE STUDIES**

**FOR OFFICIAL USE ONLY**

Thesis/Dissertation submitted by:.....

Name.....

Signature..... Date.....

Date received at School of Graduate Studies.....

Full Name of receiving officer.....

Signature..... Date.....