TO BE COMPELTED IN DUPLICATE AND SUBMITTED TO SGS

UNIVERSITY OF GHANA

SCHOOL OF GRADUATE STUDIES

THESIS/DISSERTATION SUBMISSION FORM

A. TO BE COMPLETED BY CANDIDATE

Name of Candidate…………………………………………………………………………………………

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

Contact   Address…………………………………………………………….......................................

……..

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

Year of 1ˢᵗ Registration……………………… Degree Sought……………………………………………………

Student Status: Regular ☐ Extension ☐ Referred ☐ Re-admission ☐
(Please attach evidence/relevant documents)

Thesis/Dissertation Title…………………………………………………………………………………..

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……..

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

…….

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

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

B.TO BE COMPELTED 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) .…………………………………………………………….................................

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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**

☐ **No, 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……………………………………………