

Student title, first names and surname:

Adress (correspondence):

University number:

Email:

NOTICE OF SUBMISSION - FORM

Notice of intention to submit for examination must be given to Higher Degree Administration at least **three months** prior to submission for examination

Cell no:		
Promoter/S	Supervisor:	
Qualificatio	on currently registered for:	
<i>Title</i> : (it should	be exactly the same as registered/approved title)	
	nust appear exactly as registered by the faculty. No deviation from the registered title will be done to the title page for examination copies and final copies titles in title case only (ALL CAPS), are not accepted as an NWU style for Title registrations	
Intended submis	sion date: ORCiD:	
Ethics number:		
Signature of stud	lent:	
I,	the promoter/supervisor of abovementioned student	
hereby conf	îrm that:	
I will not, in	accordance with the General Academic Rules 4.11.2.10 (M) and 5.11.2.10 (PhD)	
	Communicate with the examiners of this student during the examination period.	
l also confir	m that:	
• •	The student will most likely be ready to submit by the above mentioned date; The title for the study has been registered on an approved committee; The registered title mentioned above is correct; And that the examiners have been appointed on an approved committee.	
	Promoter/Supervisor: Signature:	