



**THE UNIVERSITY OF THE WEST INDIES**  
**School for Graduate Studies and Research**

**APPLICATION FOR EXAMINATION OF THESIS**

**INSTRUCTIONS**

*This form must be completed in BLOCK CAPITALS and submitted to the Senior Assistant Registrar, Campus Office of Graduate Studies and Research not less than three (3) months before the expected date of submission of the thesis and must be accompanied by a receipt for the correct Examination fees.*

**SECTION A – To be completed by student and forwarded to the Supervisor**

Receipt # \_\_\_\_\_

Name of Student: \_\_\_\_\_  
(Last name) (First name) (Middle Name)

I.D. # \_\_\_\_\_ **Permanent Address:** \_\_\_\_\_

Telephone Nos.: \_\_\_\_\_

Email Address: \_\_\_\_\_

*(This address will be used for all future correspondence relating to the examination and graduation processes. Please inform the Senior Assistant Registrar of any subsequent change of Address.)*

Degree for which you are registered: \_\_\_\_\_

Faculty: \_\_\_\_\_

Supervisor/s: \_\_\_\_\_

Date of registration: \_\_\_\_\_

Have you previously entered for this examination? \_\_\_\_\_ When? \_\_\_\_\_

Title of Thesis as approved by the University: \_\_\_\_\_

\_\_\_\_\_

Proposed date for submission for examination: \_\_\_\_\_

Titles of subsidiary published works, if any, submitted in support of candidate. *(Four (4) copies of each must be sent separately):* \_\_\_\_\_

Title of any Dissertation or Thesis for which a Degree of this or any other university has been conferred upon you, and extent (if any) to which such work is incorporated in the Thesis which you now submit.

\_\_\_\_\_

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**SECTION B – To be completed by Supervisor and forwarded to the Head of Department**

**SUPERVISOR’S STATEMENT**

I hereby certify that Mr./Mrs./Miss \_\_\_\_\_ has completed his/her course of study at this University for a Higher Degree by thesis and has complied with the attendance requirements of the Faculty\*. He/She has satisfactorily completed the following:

**Research Seminars:** (Please indicate dates)

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**Course Requirements:**

*Six Credits* (applicable to MPhil) (Please give course titles and course codes)

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*Nine Credits* (applicable to PhD) (Please give course titles and course codes)

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*\* If the Supervisor is not satisfied with the student’s performance he/she should delete this statement and write appropriate comments below.*

Supervisor’s Comments:

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\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Head of Department

\_\_\_\_\_  
Date