

COLLEGE OF PHYSICAL SCIENCES  
 COLLEGE OF MEDICINE, BIOLOGY AND ENVIRONMENT

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### Submission of Masters Sub Thesis

### Notice of Intent to Submit

This form should be lodged with the College Office at least three (3) months prior to submitting your thesis/sub-thesis for examination.

Student ID No.	Student Name
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Name of Degree
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I have previously been awarded the following degree(s)

Name of Degree	Date Conferred
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Name of Degree	Date Conferred
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You must obtain approval of the subject of the thesis from the Faculty before making this entry

Sub-thesis Title ..... ..... .....
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	<b>Date YOU expect to submit the Sub Thesis</b>
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Address for Correspondence ..... ..... .....		
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Suburb	Country	Post Code
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Student Signature	Date
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