



RHODES UNIVERSITY  
Grahamstown • 6140 • South Africa

## Examination Entry Form

To be completed by ALL students submitting a thesis. Please type or write clearly in BLOCK LETTERS.

### Student Information

Student Number: \_\_\_\_\_ Student Title (e.g. Mr/Mrs/Prof/Dr): \_\_\_\_\_

Student Name: \_\_\_\_\_  
*First Name Middle name/s or Initial Surname*

### Thesis Information

Degree for which submitted: \_\_\_\_\_ Department: \_\_\_\_\_

THESIS TITLE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Contact Details

Address (this is the postal address where you would like your results to be sent to):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Postal code: \_\_\_\_\_ Telephone number: (w) \_\_\_\_\_ (h) \_\_\_\_\_

E-mail address: (not your campus address) \_\_\_\_\_

SIGNATURE OF STUDENT: \_\_\_\_\_ DATE: \_\_\_\_\_

### SUPERVISOR'S STATEMENT

Name of supervisor: \_\_\_\_\_

I confirm that the thesis of the candidate above has been submitted WITH/WITHOUT my approval. (\*Delete whichever does not apply).

Please note that your supervisor's approval to submit your thesis does not imply that the examination process will be successful.

SIGNATURE OF SUPERVISOR: \_\_\_\_\_ DATE: \_\_\_\_\_

Updated: 03/12/2015 DP