



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: _____