



Year Group _____

PLEASE FILL IN ALL THE REQUESTED DETAILS

Student's particulars		
Name (BLOCK LETTERS):	Tel:	Email:
	Mob:	
	Date:	Signature:

Main supervisor's particulars			
Name (BLOCK LETTERS):		Tel:	Mob:
Faculty:	Dept/Institute:	Full time/Part-time/Visiting Part-time:	Email:
Address (to be completed only by Part-time/ Visiting Part-time / External supervisor):		Date:	Signature:

If your supervisor is abroad, please inform the administrator-in-charge.

EXACT TITLE OF DISSERTATION, as it will appear on the bound copy

FOR OFFICIAL USE		
DISSERTATION NUMBER		DATE