

NOTICE OF INTENTION TO SUBMIT MASTER'S THESIS FOR EXAMINATION (2025)

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Name of student			
Student number			
Degree programme			
Title of thesis			
Year of first registration			
Department			
Supervisor			
Co-supervisor(s) [if applicable]			
	ice that I intend t e date that is appli	o submit my thesis in time cable}	for the:
Option [X]	December graduation in 2025 March/April graduation in 2026		Submission date
			1 September 2025
			31 October 2025
and the supporti examination. I have taken note supporting docur Guidelines for MA I also understance	ng documentation of the requirent nents, etc.) and Research.	n required by the Postgrad nents for examination (form the process for submission (including supporting docu	for the submission of my thesis duate Examinations Office for matting of thesis, word count, n as outlined in the Faculty's mentation) received after the graduation cycle, which may
		tional year of study.	i graduation cycle, which may

[This completed and signed form must be emailed to the Postgraduate Examinations Office $(\underline{fasspeo@sun.ac.za})$ <u>AND</u> your supervisor(s).]