

Form SGS F.12 - TDSF

**UNIVERSITY OF CAPE COAST
SCHOOL OF GRADUATE STUDIES**

THESIS/DISSERTATION SUBMISSION FORM

Name of Student:.....

Registration Number:.....

College/Faculty/School:.....

Department:.....

Telephone No.

Title of Thesis/Dissertation:.....

.....

.....

.....

.....

Date of Submission of Thesis/Dissertation:.....

Fee Payment. ***Please attach copies of receipts for fees paid from year of registration.***

For Official use (SGS)

We confirm that the student named above has submitted his/her thesis/dissertation and that he/she has satisfied all conditions for submission of the thesis/dissertation.

.....
Name of SGS Official

.....
Signature

Date:.....