

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

PRESENTATION OF THESIS /DISSERTATION (SOFT COVER)

(To be submitted together with Three (3) Soft-bound copies of thesis/dissertation through the Head of Department)

A. TO BE COMPLETED BY CANDIDATE

Name of Candidate.....

Registration Number..... Nationality.....

Contact Address.....

E-mail Tel

Degree.....

Year of First Registration:.....

Thesis /Dissertation Title:.....

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Name(s) and Address (es) of Supervisor(s).....

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Signature of Candidate: Date.....

STUDENTS ARE REQUIRED TO ATTACH A COPY OF THEIR FEE STATEMENT (AS AT THE ACADEMIC YEAR OF SUBMISSION) FROM THE DIRECTORATE OF FINANCE. PLEASE NOTE THAT THESES AND DISSERTATIONS WILL NOT BE PROCESSED WITHOUT THE FEE STATEMENT

B. TO BE COMPLETED BY HEAD OF DEPARTMENT

Name(s) and Address (es) of Internal Examiner(s) (**CONFIDENTIAL**)

(i)

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E-Mail or Fax..... Phone.....

(ii).....

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