

## **BOARD OF POSTGRADUATE STUDIES**

## Certificate of Correction of Thesis/Project

## **PART I: Relevant Details on the Thesis**

Name of	Program	
Candidate		
Registration No.	Department	
Telephone No	Faculty/ School	
Email Address	Date	
Fitle of Thesis:		
	• ()	•
PART II: Declaration by Sup	pervisor (s) overseeing correcti	<u>ions</u>
I /We, the undersigned supe	ervisor (s) of corrections do here	eby confirm that I /we
have closely looked at the	corrections as outlined by the	candidates Board of
Examiners and I / we do here	eby certify that all the correction	ons have been effected
as agreed.		
-		
First Supervisor: Name		
Sign	Date	
Second Supervisor: Nam	ne	
Sign	Date	

## PART III: Confirmation by the Chairman of the Department & Postgraduate Coordinator

I hereby confirm that the supervisor (s) appointed to oversee the corrections have done so as per the instructions of the Board of Examiners.

Chairman of Department	: Name	
Sign	Date	
Postgraduate Coordinate	or: Name	
Sign	Date	
PART IV: For Official Use	e Only	
Date correction report rece	eived by the Dean of School.	
Name	Sion	Date