

UNIVERSITY OF THE
WITWATERSRAND,
JOHANNESBURG



FACULTY OF
HEALTH SCIENCES

ACKNOWLEDGEMENT OF RESEARCH SUBMISSION FOR ADMINISTRATION OF EXAMINATION

STUDENT FULL NAME: _____

STUDENT NUMBER: _____

QUALIFICATION: _____

FIELD OF STUDY: _____

	YES	NO
SUBMISSION DATE		
EXAMINERS NOMINATED & APPROVED		
ETHICAL CLEARANCE / WAIVER		
CERTIFICATE OF SUBMISSION FORM - SUPERVISOR		
CERTIFICATE OF SUBMISSION FORM - STUDENT		
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