

**UNIVERSITY**

**OF**

**MAURITIUS**

**MA BY RESEARCH/MSc BY APPLIED RESEARCH 󠅐**

**Notification for submission of Thesis Form**

*(Submission should be within a three months’ period)*

|  |
| --- |
| **To be filled in consultation with the Supervisor(s)** |
| Faculty/Centre |  |
| Student’s Name |  |
| Student ID |  |
| Date of Registration |  |
| Mode of Study | Full-Time  |  Part Time 󠅐 |
| Programme of Study | MA by Research 󠅐  |
| MSc by Applied Research  |
| Title of Thesis |  |
| Area of Specialisation**\****(Keywords only)* |  |
| Proposed date of submission of Thesis |  |

The Research Work has potential for Commercialisation: Yes No

A two-page abstract must be submitted together with this Notification Form.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Student’s Name** | **Signature** | **Date** |

Read and Approved by Supervisor(s)**\*\***

|  |  |  |
| --- | --- | --- |
|  |  |  |
| **Supervisor’s Name** | **Signature** | **Date** |

*Note:*

*\*List of Areas of Specialisation should be obtained from the Faculty/ Centre.*

*\*\* The main/local supervisors should sign this form.* QA – 27.08.2024