

**UNIVERSITY**

**OF**

**MAURITIUS**

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

**Notification for submission of Thesis Form**

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

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| **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.

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

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

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|  |  |  |
| **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