



**UNIVERSITY  
OF  
MAURITIUS**

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

**Notification for submission of Thesis Form**

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

<b>To be filled in consultation with the Supervisor(s)</b>	
Faculty/Centre	
Student's Name	
Student ID	
Date of Registration	
Mode of Study	Full-Time <input type="checkbox"/> Part Time <input type="checkbox"/>
Programme of Study	MA by Research <input type="checkbox"/>
	MSc by Applied Research <input type="checkbox"/>
Title of Thesis	
Area of Specialisation* <i>(Keywords only)</i>	
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.

<b>Student's Name</b>	<b>Signature</b>	<b>Date</b>

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

<b>Supervisor's Name</b>	<b>Signature</b>	<b>Date</b>

*Note:*

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

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