



FINAL SUBMISSION OF THESIS

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Name and ID of Candidate			
Degree	Master*		PhD*
Programme			
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*Please tick (/) accordingly

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Signature of the Candidate		Date

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* Please attached together a form of "Declaration of Original Work" when submitted to Centre for Graduate Studies.

Grade: _____

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Final Year Project Report

Masters

PhD

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Student's Name and Matric No.

Date submitted

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I _____ (SUPERVISOR'S NAME) hereby certifies that the work entitled, _____
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