**Request for Thesis Examined under emergency conditions**

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| --- | --- |
| Family name |  |
| Given name(s) |   |
| SID |  |
| Supervisor |  |
| Degree |  |
| Faculty |  |
| Planned Submission Date |  |
| Thesis Title |  |

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| * **Supporting documentation attached (please provide evidence to support the application)**
 |
| Student signature: |  |
| Date: |  |
| **Approvals****Supervisor** **name**: |  |
| Date: |  |
| Comment: |  |
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|  |  |
|  |  |
| Signature: |  |
| **PGC Name**: |  |
| Date: |  |
| Comment: |  |
|  |  |
|  |  |
|  |  |
| Signature: |  |
| **Associate Dean’s name**: |  |
| Date: |  |
| Comment: |  |
|  |  |
|  |  |
| Signature: |  |