



THE UNIVERSITY OF THE WEST INDIES
ST. AUGUSTINE CAMPUS

CERTIFICATE OF ACCEPTABILITY/COMPLETION OF
COURSE OF STUDY FOR A HIGHER DEGREE BY THESIS

Faculty in which student is registered _____

Degree _____

Title of Thesis _____

We hereby certify that (name in full) _____

a Registered student of the University has completed an Approved Course of Study for a Higher Degree* in accordance with the Regulations and to our satisfaction, under the supervision of the Teacher named below extending from:

_____ to _____

and has complied with the requirements of the University as set out in the Thesis Guide and the work is acceptable for examination.

*If the Supervisor is not satisfied with the student's performance he should delete this phrase and write appropriate comments below.

Supervisor's Comments (if any) _____

Signature of Head of Department

Signature of Supervisor

Name of Department

Signature of Supervisor (Joint/Co-Sup)

Date

Date