

THE UNIVERSITY OF THE WEST INDIES

School for Graduate Studies and Research

# CERTIFICATE OF COMPLETION OF

 **THESIS/RESEARCH PAPER/PROJECT REPORT/CASEBOOK/CLINICAL RESEARCH PROJECT**

***Section A of this form is to be completed by the Student and Section B by both the Supervisor and Head of Department. It must accompany the thesis/research paper/project report/casebook/clinical research project when being submitted to the Campus Office of Graduate Studies and Research for examination.***

**Section A:**

Name of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty in which Student is registered: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree Programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title of Thesis/Research Paper/Project Report/Casebook/Clinical Research Project (the Submission):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Declaration of Word Length and Ownership of Work**

1. Word length of the Submission: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*A candidate will not normally exceed the word limit prescribed in the Thesis Guide. Any candidate wishing to exceed this limit must apply for permission to the Campus Committee for Graduate Studies and Research through his/her supervisor, and confirmation of suspension of Regulations must be attached.*

1. Style Manual used: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. I confirm that the work presented in the Submission is my own and all references are cited according to accepted University of the West Indies’ conventions.  I have submitted my Thesis/Research Paper/Project Report/Casebook/Clinical Research Project for checking by the following plagiarism detection software:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**and have made all necessary amendments**.

1. Consistent with The University of the West Indies’ policy on Plagiarism, I agree that the University has the right to use plagiarism detection software to check the electronic version of the Submission.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Signature of Student Date*

**Section B:**

I hereby certify that:

a) Dr./Mr./Ms. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_,

 *(Name in Full)*

 is a registered Student of The University of the West Indies.

b) he/she has completed his/her Thesis/Research Paper/Project Report/Casebook**#**/Clinical Research Project**#**.

c) five (5) identical copies of the Submission †, or (4) identical copies of the Submission†,as the requirement may be, have been produced in accordance with the Regulations of The University of the West Indies

d) the work has been checked for plagiarism and proper use of citation and referencing.

e) the work has been completed to my satisfaction and is acceptable for examination\*.

***# Format of the copies shall be as specified in the Regulations for Postgraduate Clinical Programmes.***

 ***† Select as appropriate. One of these copies should be electronic, submitted on a CD/DVD (in edit-enabled format/Microsoft Word format), and certified by the Supervisor.***

***\* If the Supervisor does not consider that the work has been completed to his/her satisfaction and is acceptable for examination, he/she should strike through the statement in part e) and write appropriate comments below.***

Supervisor’s Comments (when declining to agree to part e): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*Name of Supervisor Signature of Supervisor Date*

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*Name of Co-Supervisor Signature of Co-Supervisor Date*

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*Name of Head of Department Signature of Head of Department Date*