

**THE UNIVERSITY OF ZAMBIA**

**DIRECTORATE OF RESEARCH AND GRADUATE STUDIES**

**NOTICE OF INTENT TO SUBMIT DISSERTATION/ THESIS FOR EXAMINATION**

Title of Degree: \_\_\_\_\_

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

Computer Number: \_\_\_\_\_

School: \_\_\_\_\_

Department: \_\_\_\_\_

Dissertation/Thesis Title: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name of Supervisor: \_\_\_\_\_

Proposed Submission Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_

Note: This Form must be submitted to the Director, Directorate of Research and Graduate Studies and copied to the School Assistant Dean for Postgraduate Studies and the Head of Department at least three months before the intended date of submission of the dissertation/thesis for examination.