

Thesis Revision Form (For PhD and Other Doctoral Degree Programmes)

Academic Unit:				
Student Name:				
Student Number:				
Title of Thesis:				
Name of Supervisor:				
Name of Co-Supervisor(s) (if applicable)				
This is to confirm that the made.	revisions requested b	y the oral defence e	xamination commit	tee have been
Signature of Student				
Date:				
Signature of Supervisor				
Date:				

GRS/Form/037 Updated on 28/10/2020