



INSTITUTE OF POSTGRADUATE STUDIES
THESIS CORRECTIONS SIGN OFF FORM

Candidate: _____

Reg. No: _____

Thesis Title: _____

Degree: _____

School: _____

The above candidate has now completed all necessary corrections to his/her thesis and a may proceed to present hard bound thesis subject to further direction from Director, IPGS.

Name: _____

Signed: _____
(Examiner nominated to oversee corrections)

Date: