

DECLARATION OF BA THESIS TITLE

The student must submit the title of the thesis and the name of the supervisor, the creative component advisor (if applicable), and the second reviewer to the Examination Board for approval at the end of week 13 in semester 1 of the 4th academic year. Unless it has occurred for a reason beyond the student's control, late registration of the thesis project will not be accepted.

A: STUDENT INFORMATION				
Last Name	First Name		Middle Name	
Matriculation Number	Concentration Area 1		Concentration Area 2 (<i>if applicable</i>)	
B: TITLE OF BA THESIS				
C: SUPERVISOR/2 nd READER				
Last Name, First Name of Supervisor (First Reader)		Supervisor's Sig	;nature	
Last Name, First Name of Creative Component Advisor (<i>if applicable</i>)		CC Advisor's Signature		
Last Name, First Name of Second Reader		Second Reader	Second Reader's Signature	
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Date received	approved	by Examination Board	d (date/signature)	

Notes: