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| **CGS20**  **Notice of Intention to submit dissertation/thesis for examination**  (E-mail: [resexcoord@unisa.ac.za](mailto:resexcoord@unisa.ac.za)) | | | | | | | | | |
| Surname and initials |  | | | | | | | | |
| Student number |  |  |  | |  |  |  |  |  |
| Email |  | | | | | | | | |
| Degree |  | | | | | | | | |
| Qualification code |  | | | | | | | | |
| Final title of dissertation/thesis under which it will be submitted  (please print and ensure that the correct wording is used) | | | | | | | | | |
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