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Graduate Studies Office

MS/PhD Thesis Submission Form



Basic Information

Name of the Student

Name of Principal Supervisor

Department/ Program of Study

CMS-ID

Session

E-Mail Address

GPA/CGPA

Contact Number

Your submission	
Thesis title:	
Thesis word count:	<i>Enter number of words:</i>
	I hereby certify that the submitted work is my own original work, was completed while registered at BUITEMS for the PhD/MS degree as stated above. The submitted work has never been presented elsewhere for the award of any other degree.

Dated : ___/___/___

Signature :

Dated : ___/___/___

Supervisor Signature and Stamp

Dated : ___/___/___

Head of Department
Signature and Stamp _____

Dated : ___/___/___

Dean of Faculty
Signature and Stamp _____