


**FORM FOR SUBMISSION OF FINAL DISSERTATION and AWARD OF DEGREE**
**To be filled by the candidate submitting final dissertation and requesting the award of the degree**

<b>Candidate:</b> Please complete this form, obtain signature of Supervisor, and hand over to the Course / Program Coordinator with the copies of the dissertation.			
<b>Part A: To be completed by the candidate</b>			
<b>Student's Name (With Initials):</b>	Mr./Ms.		
<b>Registration No.:</b>			
<b>Degree Program:</b>			
<b>Department &amp; Faculty:</b>			
<b>Year/ Intake:</b>		<b>Date of Commencement:</b>	
<b>Research Topic:</b>			
Ethics Declaration Number (EDN) or Ethical Clearance Number (ECN) if applicable: .....			
Submitted the following:			
1. Two hardbound copies of the corrected dissertation			<input type="checkbox"/>
2. A CD/DVD contains a copy of the dissertation in .pdf format			<input type="checkbox"/>
3. Student Clearance Form (PGBoS/008/SC)			<input type="checkbox"/>
I hereby declare that the above furnished details are true to the best of my knowledge and relevant documents are attached.			
<b>Signature of Student</b>		<b>Date</b>	

**Part B: To be completed by the Supervisors**

*Plagiarism similarity score for the dissertation (please attach the relevant report): .....*

The corrections required to be done for the dissertation have been satisfactorily done by the candidate. The candidate may make the final submission of the dissertation.

	<b>Supervisor/s' Name</b>	<b>Signature</b>	<b>Date</b>
1.			
2.			
3.			

**Part C: To be completed by the Course / Program Coordinator**

To: Head / Department of .....

1. The student has satisfied all the course requirements of the study program and the results have been ratified by the Board of Examiners.

2. I confirm following details of the candidate:

Date of commencement	
Date of initial dissertation submission	
Date of dissertation evaluation	
Date of dissertation re-evaluation (if any)	
Date of final dissertation submission	

3. The following documents are sent herewith.

- a. Two copies of the candidate's corrected dissertation (One for Library and one for Department)
- b. Confidential report of the Panel of Examiners of the dissertation

.....  
**Course/Program Coordinator's  
 Name**

.....  
**Signature**

.....  
**Date**

**Part D: To be completed by the Head of Department**

To: Director Postgraduate Studies, Faculty of .....

The following documents are sent herewith.

1. One copy of the candidate's corrected dissertation
2. Confidential report of the Panel of Examiners of the dissertation

The candidate has no dues to the Department.

The above candidate has satisfied all the requirements for the award of the Degree of.....  
 .....by the University of Moratuwa.

I recommend the award of the above degree to him/ her with effect from.....

.....  
 Signature

Head/ Department of .....

Date .....

**Part E: To be completed by the Director/Postgraduate Studies and endorsed by the Dean**

**To SAR/ Examinations**

Award of the degree is recommended subject to fulfillment of other requirements as per the By-Law.

<i>Signature of the Director/Postgraduate Studies:</i>	<b>Date</b>
<i>Signature of Dean/ Faculty of .....</i>	<b>Date</b>

**Part F: To be completed by the SAR/ Examinations**

**To Deputy Registrar/ Academic and Publications**

Results have been checked to be correct. The effective date is also confirmed as .....

Please obtain the Senate approval for the award of ..... in .....

..... to the above candidate.

<i>Signature of SAR/Examinations:</i>	<b>Date:</b>
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