SUBMISSION OF MASTERS DISSERTATION/RESEARCH REPORT/PhD THESIS

PLEASE WRITE CLEARLY IN CAPITAL LETTERS

1. NAME (in full): DR YAHYA ATIYA

2. STUDENT NUMBER: 9900143R

3. PRESENT HOME ADDRESS: 9 TIELMAN ROOS AVENUE

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4. If you are likely to move in the next 6 – 12 months please give the address and anticipated date:

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                  ____________________________________________  POSTAL CODE: ________________

E-MAIL: ____________________________________________ CONTACT NO: ______________________

5. I hereby submit my MSc dissertation / MSc research report / PhD thesis
   (Delete whichever is not applicable)

6. I have checked all copies of my dissertation/research report/thesis and declare that no pages are missing or poorly reproduced.

7. Number of copies: 2 ______________________________ (bound) 1 ______________________ (electronic)

8. I confirm that my signed declaration in terms of Rule G27 is included in each copy of the dissertation/research report/thesis.


   SUBMANDIBULAR GLAND TUMOURS: A CLINICOPATHOLOGICAL REVIEW AT THE CHRIS JANI BARAGWANATH
   AND CHARLOTTE MAXEKE JOHANNESBURG ACADEMIC HOSPITAL

PLEASE NOTE: IF THE ABOVE TITLE HAS CHANGED FROM YOUR PREVIOUSLY APPROVED TITLE, NO FURTHER ACTION CAN BE TAKEN BY THE FACULTY OFFICE UNTIL THE AMENDMENT HAS BEEN APPROVED BY THE FACULTY.
Did your research involve animal experimentation?

☐ Yes  ☒ No

If Yes, please certify that clearance was obtained from the Animal Ethics Committee.

Clearance number: __________________________________________________________

10. Did your research involve the use of human subjects, human tissue or other material, or patient records?

☒ Yes  ☐ No

If Yes, has clearance been obtained from the Human Ethics Committee?

☒ Yes  ☐ No

11. I understand that I may not graduate unless my University fees have been paid in full.

12. Name of supervisor/s:

1) Adjunt Prof PC Modi  ______Department: Otorhinolaryngology  Telephone: (011) 488 4299  E-mail: PRADIP.MODI@WITS.AC.ZA

2) Dr Marco Torres-Holmes  ______Department: Otorhinolaryngology  Telephone: (011) 488 4299  E-mail: MTORRESHOLMES@GMAIL.COM

Signature of Candidate: __________________________________________

Date: ____________________________________________________________