

Faculty of Health Sciences, Postgraduate Office
 Phillip V Tobias Building, 2nd Floor
 Cnr York & Princess of Wales Terrace, Parktown 2193
 Tel: (011) 717 2745 | Fax: (011) 717 2119
 Email: Mathoto.senamela@wits.ac.za



CERTIFICATE OF SUBMISSION TO BE SIGNED BY ALL SUPERVISORS OF HIGHER DEGREE CANDIDATES

Full name	Sarah Alexandra van Blydenstein		
Student number	0101867A		
Candidate for the degree of: MMed (Internal Medicine) <i>has submitted his/her thesis/dissertation/research report</i>			
Entitled: MONO- AND POLYRESISTANT TUBERCULOSIS AT TB FOCAL POINT, HELEN JOSEPH HOSPITAL			
Contact no	0718937056	E-mail	savanblydenstein@gmail.com

Mark with an X on appropriate box	Yes	No
Has this thesis/dissertation/research report been submitted with the acquiescence of the supervisor?	X	
To the best of your knowledge are you able to verify that: This is the candidate's work except as otherwise stated by the candidate?	X	
The substance (nor any part of it) has not been submitted in the past nor is being submitted for a degree in any other university	X	
The candidate has acknowledged wherever any information used in the thesis, dissertation or other work has been obtained by him/her while employed by, or working under the aegis of, any person or organization other than the University or its associated institutions	X	

I certify that this thesis/dissertation/research report has the approval of the Animal Ethics Committee/Committee for Research on Human Subjects and the Number of the Certificate of Approval is:

M120434

List all publications, which your student have published in peer-reviewed journals from his/her postgraduate research report/dissertation/thesis during the course of his/her studies in the Faculty of Health Sciences (Include authors, year, title of paper, name of journal, volume number and page numbers). This information is mandatory.

None thus far.

Name of Supervisor: Eefje Jang, MD, PhD

Telephone: /

Signature: [Signature]

E-mail: jang.eefje@gmail.com

Date: 1st June 2015

Name of Supervisor: Colin Menezes, PhD

Telephone: 083 993931

Signature: [Signature]

E-mail: colin.menezes@wits.ac.za

Date: 1/6/2015

Name of Supervisor: _____

Telephone: _____

Signature: _____

E-mail: _____

Date: _____