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**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_____

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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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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.

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

9. Title of submitted 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 AMENDEMNT HAS BEEN APPROVED BY THE FACULTY**

Did your research involve animal experimentation?

[ ] Yes [X] No

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

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

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

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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: _____