Postgraduate Office, Faculty of Health Sciences
Wits Medical School, 7 York Road, PARKTOWN, 2193, Johannesburg • Tel: (011) 717 2075 • Fax: (011) 717 2000 •

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

TSHIMANGADZO ABIGAIL LUKHAIMANE (Name) 422402 (Student Number) 0823397681 (Telephone) tshima@mweb.co.za (E-mail)

Candidate for the degree of **Master of Medicine in Obstetrics and Gynaecology** (degree) has submitted his/her dissertation report

Entitled: **Knowledge and Willingness to use emergency contraception among post-partum women at Chris Hani Baragwanath Academic Hospital**

1.	Has this dissertation report been submitted with the acquiescence of the supervisor?	Yes ☐
2.	To the best of your knowledge are you able to verify that:	
2.1	this is the candidate's work except as otherwise stated by the candidate?	Yes ☐
2.2	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	Yes ☐
2.3	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?	Yes ☐

PLEASE TICK THE APPROPRIATE WORD

3. 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: **M120354**

IMPORTANT NOTICE:

With reference to the Faculty Standing Orders, point A.24 *Nomination of Examiners*; please note that the nomination of examiner's form must be submitted to the Postgraduate office at least six weeks before the student submits his/her thesis/dissertation/research report for examination. The Postgraduate Office will not receive any submission for examination, without the confirmed appointment of the nominated examiner's.

Name of Supervisor:	Dr Yasmin Adam	Telephone:	0832602638
Signature:		E-mail:	yasminadam@gmail.com
Name of Supervisor:		Telephone:	
Signature:		E-mail:	
Date:			

10. Did your research involve animal experimentation?

Yes [ ] No [x]

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

Clearance number: _____

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

Yes [x] No [ ]

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

Yes [x] No [ ]

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

13. Name of supervisor/s:

Dr Yasmin Adam__ Department: Obstetrics and Gynaecology CHBAH Telephone:___0832602638__ E-mail: yasminadam@gmail.com

Signature of Candidate: _____

Date: 24/4/2016