



**Postgraduate Office, Faculty of Health Sciences**

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**SUBMISSION OF MASTERS DISSERTATION/RESEARCH REPORT/PHD THESIS**

**PLEASE WRITE CLEARLY IN CAPITAL LETTERS**

1. NAME (in full): TSHIMANGADZO ABIGAIL LUKHAIMANE\_\_\_\_\_
2. STUDENT NUMBER: 422402\_\_\_\_\_
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4. If you are likely to move in the next 6 – 12 months please give the address and anticipated date:

POSTAL CODE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_ CONTACT NO: \_\_\_\_\_

5. I hereby submit my MSc dissertation  
*(Delete whichever is not applicable)*
6. I have checked all copies of my dissertation and declare that no pages are missing or poorly reproduced.
7. Number of copies: \_\_\_\_\_ 2 \_\_\_\_\_ (bound) \_\_\_\_\_ 1 \_\_\_\_\_ (CD in PDF)
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

**Knowledge and willingness to use emergency contraception among post-partum woman at Chris Hani Baragwanath 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**

10. Did your research involve animal experimentation?

Yes  No

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  No

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

Yes  No

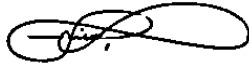
12. I understand that I may not graduate unless my University fees have been paid in full.

13. Name of supervisor/s:

Dr Yasmin Adam\_\_Department: Obstetrics and Gynaecology CHBAH

Telephone:\_\_\_0832602638\_\_ E-mail: yasminadam@gmail.com

Signature of Candidate:



Date:

24/04/2014