



Faculty of Graduate Studies

University of the Visual and Performing Arts

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Name with Initials :

Registration Number :

Degree : Contact Number :

Date of Registration :

Address :

Email :

Submission Notice of the Thesis

1. Topic of the Thesis : (Please mention according to the language approved)

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2. Name of supervisor(s) 2.1

2.2

3. Expected date of submission :

.....
Signature of the Applicant

.....
Date

For office use only

1. Received required progress reports (according to the Bylaws) Yes No

2. Completed seminar presentation (according to the Bylaws) Yes No

3.

3.1 Internal Supervisor's approval Yes No

3.2 External Supervisor's approval Yes No

4. Research topic approval Yes No

5. Number of abstract presentation(s) completed :

6. Expected date mentioned by the candidate for the submission of the thesis ; Examination Division :

7. Course fee status Paid Pending

8. Extension / Renewal Paid Pending

9. Balance fee (if any) LKR /USD :

10. Approved Topic from the BOGS :

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10.1 BOGS meeting ; memo number :

10.2 BOGS meeting date :

Details are accurate - checked by

Name of the officer

Signature

Date

I confirm the above details

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Assistant Registrar

Faculty of Graduate Studies

Date :

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Dean

Faculty of Graduate Studies

Date :