



Form D – Dissertation Exact Title *To be submitted four weeks before deadline of dissertation submission.*

Master in Counselling/Master of Arts in Transcultural Counselling

Date (d/m/y) _____ Course _____ Cohort _____

Exact title of Dissertation to appear on your dissertation's final version (Max.17 words)

Students' particulars

| | | |
|----------------------------------|------|------------|
| Name (block letters): | Tel: | UM email: |
| Address (including postal code): | | Signature: |

Supervisors' particulars

| | | |
|---|-----------------------|------------|
| Name (block letters): | | Tel: |
| Faculty/Junior college: | Department/Institute: | |
| Full time/Part-time/Visiting Part-time/External: | Email: | |
| Address including postal code (to be completed only by part-time/external supervisor): | | Signature: |

Advisor/Co-supervisors' particulars (if applicable)

| | | |
|---|------------------|------------|
| Name (block letters): | | Tel: |
| Faculty/Junior college: | Dept./Institute: | |
| Full time/Part-time/Visiting Part-time/External: | Email: | |
| Address including postal code (to be completed only by part-time/external supervisor): | | Signature: |

For Official Use

| Dissertation # | Comments where necessary | Date |
|----------------|--------------------------|------|
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