

TO BE RETAINED BY THE STUDENT



MATHEMATICS INSTITUTE

FORM FOR THE SUBMISSION OF MSc DISSERTATION

Name of student (block capitals).....

Student ID No.

I declare that this work, which is being submitted as part of the MSc in Mathematics, was handed in on the date below, and that it is entirely my own work in accordance with the University's guidelines on plagiarism.

Student Signature.....

Received by..... Date:.....



TO BE RETAINED BY POSTGRADUATE CO-ORDINATOR

UNIVERSITY OF WARWICK
MATHEMATICS INSTITUTE

FORM FOR THE SUBMISSION OF MSc DISSERTATION

Name of student (block capitals).....

Student ID No.Name of Supervisor:.....

Address for correspondence



Non-Warwick email address:.....

I declare that this work, which is being submitted as part of the MSc in Mathematics, was handed in on the date below, and that it is entirely my own work in accordance with the University's guidelines on plagiarism.

Student Signature.....

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