

**STEP QUALIFIED PRACTITIONER ROUTE
THESIS COVER SHEET
PART I: SUBMISSION**

Membership Number:

Jurisdiction:

Topic/Question Number:

Title:

Word Count:

Date of completion:

For Office Use Only:

Examiner:

Date:

Mark:

2nd Reviewer:

Date:

Mark:

Examiner's Remarks:

**STEP QUALIFIED PRACTITIONER ROUTE
THESIS COVER SHEET
PART II: DECLARATION**

By submitting this paper, I confirm that the work I have submitted for assessment is my own work; it has been edited only by myself and contains no unreferenced or un-attributed work of others. Submission also confirms that I have read and understood the Student Guidance and Academic Integrity Policy, and am in agreement with the Qualified Practitioner route's Rules and Regulations.

Signed:

This sheet will not be sent to the examiner to preserve anonymity.