Notification of Intention to Submit Thesis for the Degree of

MPhil, LLM, MMA, PhD, DMA, DPsych, DHealth, DJourn.

**This form should be completed by the candidate and submitted to the School/Departmental Research Administrator no less than three months before the intended date of submission.**

Name of Candidate:

Student  Staff Candidate

If Student Candidate, Student ID Number (9 character number on ID Card):

Date of Birth (dd/mm/yyyy):

Email address:

Department/School:

Supervisor(s):

*Please indicate internal/external and which is the first point of contact.*

Title of Thesis:

Degree for which thesis is submitted: MRes  MPhil  LLM  MMA  PhD  DMA  DPsych  DHealth  DJourn

Mode of Study: Part-Time  Full-Time

Is this a re-submission? Yes  No

Date on which study for this degree commenced:

Details of any parts of the thesis already published:

**DECLARATION:**

I intend to submit the above Thesis for examination in (month/year):

I declare that no Degree or other qualification has been granted for any work included in this Thesis\* and that the Thesis is my own work, except where specified in the Thesis.

Name/Signature: Date:

(\* delete if not applicable and give details on separate sheet)