**RELEASE OF THESIS FOR EXAMINATION FORM**

HDR candidates must submit the Release of Thesis for Examination Form for thesis examination. This form should be submitted to Research Office once the Senior Supervisor is satisfied that the thesis is ready for examination. No thesis will be dispatched for examination if the candidate does not complete and submits this form.

The thesis that does not include student declaration will not be dispatched for examination.

Sections 1 to 3 of this form shall be completed by the HDR candidate.

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| 1. **STUDENT DETAILS** | | | |
| **Student Name:**  (Surname/First Name) | Click here to enter text. | **Student ID Number:** |  |
| **Thesis Title:** |  | | |
| **Thesis Format:** | √☐ Traditional √☐ Publication √ ☐ Creative | | |
| **Programme Level:** | Masters by Research  PhD | | |
| **Department:** | Click here to enter text. | | |
| **School:** | Click here to enter text. | | |
| **College:** | Click here to enter text. | | |
| **Email:** | Click here to enter text. | | |
| **Phone:** | Click here to enter text. | | |

|  |  |
| --- | --- |
| 1. **THESIS TITLE AND FORMAT** | |
| The title and the research design of the thesis has **NOT** been subject to any major change since Candidature Confirmation. | √☐ Yes ☐ No |
| Please briefly state the new title and reasons for the change to the research design if the title and research design have gone through changes. |  |

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| 1. **CANDIDATE DECLARATION** | | | |
| I,\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ sincerely declare that the thesis is my own work with original contributions and has not been submitted for any other academic award elsewhere. | | | |
| **Candidates Signature:** |  | Date: | Click here to enter a date. |

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| --- | --- | --- | --- | --- |
| 1. **RELEASE BY THE INSTITUTE** | | | | |
| **SENIOR SUPERVISOR DECLARATION** | | | | |
| Is there any agreement that requires the thesis to be kept confidential? | | ☐ Yes ☐ No | | |
| If YES, please provide details below: | | | | |
| Click here to enter text. | | | | |
| To my best of knowledge, I confirm that the thesis is the original work of the candidate and meets the requirements of the examination. I confirm that the thesis is ready for submission  √☐ Yes ☐ No  If the thesis is not to the satisfaction of the supervisor, the supervisor shall address the issues and make recommendations to the candidate and to HDRC via Research Office.  **Supervisors Comments:** | | | | |
| **Name of Senior Supervisor**  (Surname/First Name) | Click here to enter text. | | | |
| **Signature:** |  | | Date: | Click here to enter a date. |

Complete Release of thesis form is to be submitted to:

Office of the Pro Vice Chancellor Research

Fiji National University,

P.O. Box 7222,

Nasinu

Email: [varsha.dutt@fnu.ac.fj](mailto:varsha.dutt@fnu.ac.fj)

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