**NOTIFICATION OF INTENTION TO SUBMIT FORM**

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| **STUDENT DETAILS** | |
| **Student Name:** | Click here to enter text. |
| **Student ID:** | Click here to enter text. |
| **College/Discipline:** | Click here to enter text. |
| **Programme:** | PhD Master by Research |
| **Email:** | Click here to enter text. |
| **International Student** | Yes  No |
| **NOTIFICATION OF INTENTION TO SUBMIT** | |
| I ……… Click here to enter text. ………. (name of the candidate) hereby give notice that I intend to submit my thesis for examination and request the Centre for Graduate Studies to facilitate the examination of the thesis. | |
| Relevant details and the abstract of the thesis that is to be examined are attached with this application.  Please enter text and attach relevant documents | |
| **CONFIDENTIALITY** | |
| The candidate shall notify CGS and Graduate Examination Sub Committee if an embargo on the thesis has been placed and approval for an embargo has been attained. The information on the approved embargo will be disseminated to the UGSC, the examination panel including the examiners to effect strict confidentiality of the thesis and shall not be made available to any party that has not been consented by the candidate  When a greater level of confidentiality is required by the candidate with approval attained from relevant authorities, and where an embargo is deemed to be inadequate, examiners will be informed of signing a legal confidentiality deed. It is the responsibility of the candidate to organise this with their supervisors and project sponsors through the Centre for Graduate Studies for Graduate Examination Sub Committee approval.  Candidates should also organise the approval for a legal confidentiality deed with the supervisor, project sponsor, and the university’s legal representative if the thesis is subject to a legal confidentiality deed. | |

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| **APPOINTMENT OF POTENTIAL EXAMINERS** | |
| I agree and have no objection to the Graduate Examination Sub Committee (GESC) decision on the appointment of any particular examiner to examine my thesis that is guided by FNU Nomination of Examiners Guidelines and FNU Graduate Studies Policy and Procedure.  I object to the appointment of a particular examiner(s), and I enclose a statement detailing my objection. \*  The final decision to appoint a particular examiner rests with the GESC. | |
| **CERTIFICATION BY THE STUDENT** | |
| **Student Name** | Click here to enter text. |
| **Signature** | Click here to enter text. |
| **Date** | Click here to enter a date. |
| **CERTIFICATION BY THE PRINCIPAL SUPERVISOR** | |
| **I confirm that the thesis titled** | Click here to enter text. |
| **Completed by** | Click here to enter text. |
| **Is ready for examination** | Click here to enter text. |
| **Principal Supervisor (Name)** | Click here to enter text. |
| **Signature** | Click here to enter text. |
| **Date** | Click here to enter a date. |
| **FOR CENTRE FOR GRADUATE STUDIES USE ONLY** | |
| **Candidature Expiry** | Click here to enter text. |
| **Minimum Submission Date** | Click here to enter text. |
| **Comment** | Click here to enter text. |
| **Date** | Click here to enter a date. |