RESEARCH DEGREE EXAMINATION FORM

This form should be completed by the candidate and signed by the Principal Supervisor. It should be submitted, along with the requisite number of soft bound copies of the thesis for examination, to the Student Desk, UCD Registry in the Tierney Building.

Section A: To be completed and signed by the research degree candidate
Section B: To be completed and signed by the Principal Supervisor

SECTION A: RESEARCH DEGREE CANDIDATES DETAILS

(TO BE COMPLETED BY RESEARCH DEGREE CANDIDATE)

Candidate Name	
Student Number	
Thesis Title *(Please include full title)*	
Principal Supervisor	
Degree Programme *(e.g. PhD, MLitt, etc. incl. details of Thematic Doctoral Programme where applicable)*	
Commencement Date (Month, Year)	
College	
School	
Subject Area	

I hereby certify that the submitted work is my own work, was completed while registered as a candidate for the degree stated above, and I have not obtained a degree elsewhere on the basis of the research presented in this submitted work. Where the submitted work is based on work done by myself jointly with others, I certify that a substantial part is my own original work, the extent of which is indicated in the title page of the submitted work.

I confirm that I am: ☐ Fees compliant (no outstanding fees)   ☐ Registered UCD Student
(Please tick relevant boxes)

Print Name	
Signed	
Date	

SECTION B: PRINCIPAL SUPERVISOR AUTHORISATION

(TO BE COMPLETED BY THE PRINCIPAL SUPERVISOR)

I hereby confirm my approval, for examination, of the final draft of the Research Degree Thesis, the details of which are listed above. Furthermore, I confirm that the candidate has successfully satisfied the credit requirements of the programme – which includes achieving the required number of credits in taught modules (if applicable).
I also confirm that the candidate has completed the minimum registration period for the research degree programme.

Print Name	
Signed	
Email Address	
Date	

OFFICE USE ONLY

Number of copies received	
Signed	Date