Statement by Supervisor on Submission of Thesis

This form MUST accompany the thesis on submission*.

Candidate’s details:
Student ID: 
Family name: 
Given names*: 
Faculty: 
School (if appropriate) 
Thesis title: 

Supervisor’s details:
Title: 
Prof ☐ A/Prof ☐ Dr ☐ Other 
Family name: 
Given names: 
Faculty: 
School (if appropriate) 
Address: 
Telephone: 

Declaration overleaf completed by supervisor *: Yes ☐ No ☐

* NOTES:
1. The purpose of this form is to ensure that submitted theses are sufficiently well presented to undergo timely examination.
2. In the event that a supervisor is unwilling to certify that a thesis satisfies note 1, written comments detailing the supervisor’s concern should be attached to the form.
3. In situations where the supervisor declines to complete this form, a candidate may approach the Dean, or nominee, to consider the thesis in view of notes 1 & 2.
4. Candidates are required to countersign the form to indicate awareness of the supervisor’s comments.
5. “Thesis” refers to all material presented for examination; in most cases this will be a standard thesis but there are exceptions, for example, an exhibition or portfolio of musical compositions presented by some candidates.
Certification:

1. Presentation of thesis:
   - In my opinion the thesis is sufficiently well prepared to be examined.
     Yes ☐ No ☐
   - I certify that in accordance with doctoral thesis guidelines, the thesis does not exceed the prescribed maximum word limit; or
     Yes ☐ No ☐
   - Prior approval has been sought to go beyond the word limit.
     Yes ☐ No ☐

2. Responsibility for research:
   I hereby certify to the best of my knowledge that:
   - the research and writing embodied in the thesis are those of the candidate except where due reference is made in the text;
     Yes ☐ No ☐
   - any assistance provided during the research phase has been appropriately described and acknowledged;
     Yes ☐ No ☐
   - any editorial assistance in the writing of the thesis has been appropriately described and acknowledged.
     Yes ☐ No ☐

3. Ethics clearance:
   - I confirm that all ethics clearances have been obtained for this project.
     N/A ☐ Yes ☐ No ☐

4. Nomination of examiners:
   - I confirm that I have submitted the nomination of examiners form.
     Yes ☐ No ☐
   - If NO, please specify the date by which this form will be received.
     Date of receipt:

Supervisor’s Signature: ___________________________________________ Date: __________

Supervisor’s comments noted by;

Candidate Signature: ___________________________________________ Date: __________

Postgraduate Coordinator Signature: _______________________________ Date: __________

THIS SECTIONS TO BE COMPLETED BY DEAN (or nominee) WHERE RELEVANT

I certify that the thesis submitted is sufficiently well prepared to warrant examination.

Signature: ___________________________________________ Date: __________

Name: _______________________________________________________

Faculty: _______________________________________________________