The University of Sydney

Statement by Supervisor on Submission of Doctoral 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:** ____________________________________________

PhD Award Sub-Committee 14/12/2007