



## Statement by Supervisor on Submission of a Master's Thesis by Research

**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:
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**Supervisor's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Supervisor's comments noted by:**

**Candidate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Postgraduate Coordinator Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**THIS SECTION 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:** \_\_\_\_\_