Statement by Supervisor on Submission of Master’s 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 Master’s 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: __________

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**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: ___________________________________________