

SECTION A - To be completed by CANDIDATE	
Name of Student:	Student Number:
Name of Supervisor(s):	School / Institute:
Programme:	Stage:
Address to which communications should be sent after completion of the examination (please include an email address):	
Exact Title of Thesis as approved by the Dean of Postgraduate Studies:	
Word Count:	
Declarations: <ul style="list-style-type: none"> a) I declare that this thesis is my own work and that I have correctly acknowledged the work of others. This submission is in accordance with University and School guidance on good academic conduct b) I certify that no part of the material offered has been previously submitted by me for a degree or other qualification in this or any other University. c) I confirm that the word length is within the prescribed range as advised by my school and faculty d) Does the thesis contain collaborative work, whether published or not? Yes / No If Yes , please indicate what part of the work is your independent contribution on a separate sheet.	
Signature (<i>student</i>):	Date:
SECTION B - To be completed by SUPERVISOR	
I certify that the above-named candidate has satisfactorily completed and complied with the required terms of the research degree programme in accordance with the University's guidelines for Academic Conduct and Regulations for the Degree.	
Name of Supervisor(s):	
Signature:	Date:

THIS FORM SHOULD NOW BE RETURNED ALONG WITH:

2 COPIES OF YOUR SOFT-BOUND THESIS AND 1 ELECTRONIC COPY OF YOUR THESIS TO:

STUDENTS IN THE FACULTY OF HASS AND SAGE

Research Student Support Team (RSST), Level 2, King's Gate, Newcastle University, Newcastle upon Tyne, NE1 7RU

OR

STUDENTS IN MEDICAL SCIENCES

Medical Sciences Graduate School, 3rd Floor, Ridley Building 1, Newcastle University, Newcastle upon Tyne, NE1 7RU

SECTION C - To be completed by RSST (*HaSS and SAgE students*); or *Medical Sciences Graduate School*

I certify that the above-named student has completed their minimum candidature in accordance with University Regulations.

Name of Staff Member:

Signature:

Date:

Comments (if required)

SECTION D - To be completed by the *Finance Income Section*

I certify that all financial obligations have been fulfilled by the above-named student.

Name of Staff Member:

Signature:

Date: