

Sections A and B should be completed before returning this form to the FMS Graduate School at <u>fmspgr-exams@newcastle.ac.uk</u> along with 1 electronic copy of your thesis.

| SECTION A – To be completed by CANDIDATE | | | | |
|--|--|----------------------------|-----------|--|
| Nam | ne of Student: | Student Number: | | |
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| Nam | ne of Supervisor(s): | School / Institute: | | |
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| Prog | gramme: | Stage: | | |
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| Address to which communications should be sent after completion of the examination | | | | |
| (please include an email address): | | | | |
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| Exact Title of Thesis as approved by the Dean of Postgraduate Studies: | | | | |
| LACT THE OF THESIS as approved by the Dean of Postgraduate Studies. | | | | |
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| Word Count: | | | | |
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| Declarations: | | | | |
| 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 Unive | rsity and Academic Unit gu | idance 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 Academic | | | | |
| Unit and Faculty. | | | | |
| d) Does the thesis contain collaborative work, whether published or not? Yes / No | | | | |
| (If Yes , please indicate what proportion of the work is your independent contribution on a | | | | |
| | separate sheet.) | | | |
| CO\ | /ID-19 disruption | | | |
| Has your thesis been impacted by the COVID-19 situation? | | | Yes / No | |
| If Yes, are you supplying an impact statement with this form? | | | Yes / No | |
| (If Yes, you may wish to provide an impact statement that will be shared with your | | | | |
| examiners, along with your thesis. An impact statement is not compulsory.) | | | | |
| Signature (student): Date: | | | | |
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| SECTION B – To be completed by SUPERVISOR | | | |
|---|------------|--|--|
| Should the final submitted thesis be subject to an Extended Restriction beyond standard 6 months? | the Yes/No | | |
| 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 and Signature of Supervisor(s): Dat | e: | | |