

Sections A and B should be completed before returning this form to the HaSS and SAgE Graduate School at [gradschool@ncl.ac.uk](mailto:gradschool@ncl.ac.uk) along with 1 electronic copy of your thesis.

<b>SECTION A – To be completed by CANDIDATE</b>	
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: 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 Academic Unit 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 Academic Unit and Faculty. d) Does the thesis contain collaborative work, whether published or not? <b>Yes / No</b> <i>(If Yes, please indicate what proportion of the work is your independent contribution on a separate sheet.)</i>	
<b>COVID-19 disruption</b>	
Has your thesis been impacted by the COVID-19 situation?	<b>Yes / No</b>
If Yes, are you supplying an impact statement with this form? <i>(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.)</i>	<b>Yes / No</b>
<b>Signature (student):</b>	<b>Date:</b>

<b>SECTION B – To be completed by SUPERVISOR</b>	
Should the final submitted thesis be subject to an Extended Restriction beyond the standard 6 months?	<b>Yes / No</b>
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):	Date: