APPLICATION TO SUBMIT A DOCTORAL THESIS
BEFORE EARLIEST SUBMISSION DATE
All Sections of this form must be completed

SECTION 1 - To be completed by CANDIDATE:

Name: ____________________________ Student No: __________
Degree: ____________________________ Stage: __________

1. Current earliest submission date: _______________________

2. Proposed submission date: _______________________

3. Summary of reasons for request:
   (Please attach further information or supporting evidence if necessary)

Signed ___________________________ Date __________
(Candidate)

Email address for correspondence____________________________________________

Note: Early Submission of Thesis does not mean that tuition fees beyond the date of submission will cease to be payable. If this application is approved, the candidate will still be liable for the applicable fees for the full minimum period of study.
SECTION 2 - to be completed by SUPERVISOR:

Do you support this application to submit early?  Yes ☐ No ☐

Comments:

Signed _______________ Date ____________
(Supervisor)

Name  _________________________________

* Additional Signature

Signed _______________ Date ____________
Designation ____________________________
Name  _________________________________

STUDENTS IN THE FACULTIES OF HASS AND SAGE SHOULD RETURN THIS FORM TO THE RESEARCH STUDENT SUPPORT TEAM, LEVEL 2, KING’S GATE.

STUDENTS IN MEDICAL SCIENCES SHOULD RETURN THIS FORM TO THE MEDICAL SCIENCES GRADUATE SCHOOL, CATHERINE COOKSON BUILDING.

Dean of Postgraduate Studies comments:

Approved / Not approved (please delete as appropriate)

Signed _______________ Date ____________
(Dean of Postgraduate Studies)

Name: _________________________________
Date: _________________________________

* Where your School/Faculty procedures require additional approval, for example, from the Director of Postgraduate Studies or Chair of Postgraduate Research Committee, this box should be completed.