



**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)	* Additional Signature
Name _____	Signed _____ Date _____
	Designation _____
	Name _____

STUDENTS IN THE FACULTIES OF HASS AND SAGE SHOULD RETURN THIS FORM TO THE RESEARCH STUDENT SUPPORT TEAM, LEVEL 3, 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:
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Approved / Not approved (<i>please delete as appropriate</i>)
Signed _____ (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.