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

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| **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:1. 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.
2. 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.
3. I confirm that the word length is within the prescribed range as advised by my Academic Unit and Faculty.
4. 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.)* |
| **COVID-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?*(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.)* | **Yes / No** |
| **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 the standard 6 months? | **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): | Date: |