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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.

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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: | |