

**PHD THESIS SUBMISSION FORM**

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| Student name: |  | Student number: |  |
| School: |  | Date of submission: |  |
| Is this a resubmission? | Yes / No | Viva date (if known): |  |
| Submitted by: |  | Staff Member? | Yes / No |

Please provide the address you would like your award outcome letter to be sent to and the date this is valid from. In addition, we require a non-University email address for the graduation information to be sent to following your award.

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| Date address valid from: | Address for award letter: |
| Non-University email address: |

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| I have read and understand the University’s regulations concerning academic misconduct, including plagiarism and collusion, as contained in the University’s Regulations |
| Signature:  | Date:  |

**NOTE TO CANDIDATES: Following the oral examination and completion of any revisions required by the examiners, the award for your degree will not be confirmed until copies of your research thesis/dissertation have been deposited with the School Doctoral Office.**

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| **For Official Use Only** |
| SDO Director  |  | Date Received |  |

**RESEARCH THESIS/DISSERTATION RECEIPT**

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| Name: | School:  | Stamp: |
| Number: | Degree: |
| Date submitted: | Staff received by (initial): |