

**PHD THESIS OUTLINE FORM**

This form should be type-written.

1. The applicant

 Surname Forename

Local address: Private address:

Email

Telephone number:

2. Title of the thesis

1. Start date of PhD studies:

1. Proposed viva date (this must not be less than 6 months from date of submission of the Thesis Outline form):

1. Proposed internal examiner(s) and full contact details (their CV must be provided):

Briefly describe the justification of this candidate to act as a PhD examiner

6 Proposed external examiner(s) and full contact details (their CVs must be provided):

Briefly describe the justification of this candidate(s) to act as a PhD examiner

7 Do any of these proposed candidates have a potential source of conflict with the PhD student?

 Yes [ ]  No [ ]

If yes, please detail how:

8 The applicant must confirm the following:

i) three (3) completed chapters are being submitted with this Thesis Outline form:

 Yes [ ]  No [ ]

 ii) chapter headings are provided for the whole thesis:

 Yes [ ]  No [ ]

 iii) brief descriptions are provided for the remaining chapters

 Yes [ ]  No [ ]

 iv) a publication\* or acceptance of publication (\* or equivalent)

 Yes [ ]  No [ ]

If yes, please provide article details and include correspondence with journal and the journal article as a separate attachment (section 3 of the PhD Student Handbook):

9 Provide a short summary of the PhD project (no longer than 0.5 pages):

10 Provide a short summary of the main results of the PhD project justifying completion (no longer than 0.5 pages):

11 Provide a timeline for completing the remaining write-up:

12 Are there any items leading to confidentiality issues that restrict the dissemination of data, results, publications or the thesis?

 Yes [ ]  No [ ]

If Yes, please specify what the items are, any dates or deadlines involved and the requested format for the viva (you must provide any supporting documentation, e.g. NDAs, CDAs, PCT):

|  |  |
| --- | --- |
| Student..................................................... | Date       |
| Lead Supervisor....................................... | Date       |
| Co-Supervisor(s)....................................... | Date       |
| External Supervisor(s) ............................. | Date       |

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

**Decision of the Thesis Examination Arrangement Committee (TEAC)**

**Approved** [ ]

Comments including any action required:

Members of TEAC Signatures

Date:

**Not approved** [ ]

Actions required:

Members of TEAC Signatures

Date:

|  |
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