

**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 |

|  |  |  |  |
| --- | --- | --- | --- |
| **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:

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