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THE UNIVERSITY OF WAIKATO
Te Whare Wānanga o Waikato

Thesis Submission Form for MPhil/PhD/EdD

This form to be completed by Candidate, Chief Supervisor and Chairperson of Department
to accompany the thesis at the time of submission, along with a completed Library Authorisation and Ethics Declaration

Candidate's Name

ID Number **MPhil** **PhD** **EdD**

Permanent Postal Address

Phone **Fax** **Email**

Signature **Date** / /

To be completed by Chief Supervisor

Name	
Faculty/School	**Department**

Thesis Title

☐ I wish to advise the Postgraduate Studies Committee that I have reviewed the above thesis and consider it appropriate for submission

☐ I wish to advise the Postgraduate Studies Committee that I consider the above thesis is not ready for submission (signed Statement of Reservations attached, countersigned by candidate)

Signature of Chief Supervisor	**Date** / /

To be completed by the Chairperson of Department

Signature of Chairperson of Department	**Date** / /