

Submission for Examination Form - MPhil and Doctorates



THE UNIVERSITY OF
WAIKATO
Te Whare Wānanga o Waikato

SECTION 1 – TO BE COMPLETED BY THE CANDIDATE

Student ID	<input type="radio"/> MPhil <input type="radio"/> PhD <input type="radio"/> EdD <input type="radio"/> SJD <input type="radio"/> DMA
Please indicate:	<input type="radio"/> PhD by Thesis <input type="radio"/> PhD with Publication <input type="radio"/> PhD with Creative Practice <input type="radio"/> PhD or MPhil in Te Reo
Family name	First name/s
Postal address	
Phone	Email
Thesis Title	
My final word count (excluding bibliographies, footnotes and appendices) is:	
I have provided a PDF version of my thesis to the School of Graduate Research	<input type="radio"/> Yes
I certify that this thesis is my own work, that any copying or paraphrasing of the words or ideas of others in any way or form is properly acknowledged through full and accurate referencing. The University takes academic integrity seriously and expects its students to uphold this ideal. The thesis may be checked for evidence of plagiarism and this may include submitting the thesis to web-based plagiarism detection tools where a copy may be stored. I give my permission for the thesis to be processed in any of these ways	<input type="radio"/> Yes
My research involved: experimentation on animal subjects	<input type="radio"/> Yes <input type="radio"/> No
participation by human subjects	<input type="radio"/> Yes <input type="radio"/> No
genetic modification	<input type="radio"/> Yes <input type="radio"/> No
If 'Yes' to any of the above three questions, I certify that the research I have undertaken in connection with my thesis has been approved by the appropriate University committee or any other statutory committee authorised to approve the research.	
Name of Committee	
I have applied or intend to apply for an embargo or restriction of access to my thesis	<input type="radio"/> Yes <input type="radio"/> No
Signature	Date

SECTION 2 – TO BE COMPLETED BY THE CHIEF SUPERVISOR

Faculty/Division	School
I have reviewed this thesis and consider it ready for submission	<input type="radio"/> Yes
I have reviewed this thesis and do not consider it ready for submission (Statement of Reservations attached)	<input type="radio"/> Yes
Name	
Signature	Date

SECTION 3 – TO BE COMPLETED BY THE CHAIRPERSON OF DEPARTMENT/HEAD OF SCHOOL OR NOMINEE

School/Faculty	Department
Name	
Signature	Date

December 2019