



The University of Sydney

Statement by Supervisor on Submission of Doctoral Thesis

This form **MUST** accompany the thesis on submission*.

Candidate's details:

Student ID:

Family name:

Given names*:

Faculty:

School (if appropriate)

Thesis title:

Supervisor's details:

Title:

Prof

A/Prof

Dr

Other

Family name:

Given names:

Faculty:

School (if appropriate)

Address:

Telephone:

<input type="text"/>	<input type="text"/>
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Declaration overleaf completed by supervisor *:

Yes

No

* NOTES:

1. The purpose of this form is to ensure that submitted theses are sufficiently well presented to undergo timely examination.
2. In the event that a supervisor is unwilling to certify that a thesis satisfies note 1, written comments detailing the supervisor's concern should be attached to the form.
3. In situations where the supervisor declines to complete this form, a candidate may approach the Dean, or nominee, to consider the thesis in view of notes 1 & 2.
4. Candidates are required to countersign the form to indicate awareness of the supervisor's comments.
5. "Thesis" refers to all material presented for examination; in most cases this will be a standard thesis but there are exceptions, for example, an exhibition or portfolio of musical compositions presented by some candidates.

Certification:

1. Presentation of thesis:

- In my opinion the thesis is sufficiently well prepared to be examined. Yes No
- I certify that in accordance with doctoral thesis guidelines, the thesis does not exceed the prescribed maximum word limit; **or** Yes No
- Prior approval has been sought to go beyond the word limit. Yes No

2. Responsibility for research:

I hereby certify to the best of my knowledge that:

- the research and writing embodied in the thesis are those of the candidate except where due reference is made in the text; Yes No
- any assistance provided during the research phase has been appropriately described and acknowledged; Yes No
- any editorial assistance in the writing of the thesis has been appropriately described and acknowledged. Yes No

3. Ethics clearance:

- I confirm that all ethics clearances have been obtained for this project. N/A Yes No

4. Nomination of examiners:

- I confirm that I have submitted the nomination of examiners form. Yes No
- If NO, please specify the date by which this form will be received. Date of receipt: _____

Supervisor's Signature: _____ **Date:** _____

Candidate's Signature: _____ **Date:** _____

Postgraduate coordinator Signature: _____ **Date:** _____

THIS SECTIONS TO BE COMPLETED BY DEAN (or nominee) WHERE RELEVANT

I certify that the thesis submitted is sufficiently well prepared to warrant examination.

Signature: _____ **Date:** _____

Name: _____

Faulty : _____