## Certification of Thesis for Examination

## Division of Research and Innovation

Please note that the generic term "thesis" is used to describe the submission for the degrees named on this form.

THE UNIVERSITY

Name of Student					
Student ID					
Name of Principal Supervisor					
School/Discipline					
Program					
E-mail address (for notification of examination outcome)	The student provided bel		address will be used	d unless a preferred e	-mail address is
Please indicate the relevant st	ream for Mas	ter of Philosophy/Ma	ster of Clinical Scie	ence students:	
O 100% research	OR	O Mixed research	and (15 units) cour	rsework	
To be Completed by t		oal Supervisor	on behalf of t	he Supervisory	Panel
Approval for examination I have seen and read the final Research Student Handbook	draft of the ab			nce with the requirem	ent of the
☐ I am satisfied that this the presentation relative to the external supervisors on the	e standards sp	pecified in the acade	mic program rules	for the degree AND th	nat all co and
I have reviewed the thesis where specified.	using iThenti	cate and I am satisfi	ed that the thesis is	s the candidate's own	work, other than
I am satisfied that the the enrolled.	sis is within the	e maximum word-ler	ngth allowed for in t	the program in which t	he student is
☐ I am satisfied that the aboreas included the appropria				with regard to editing	assistance and
☐ The candidate has deposi required under The Austra					this thesis, as is
Note that if each of the above are not satisfied with any					Supervisors who
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Extra content (e.g. digital n	naterial, softwa	are, music files) othe	er than the PDF of t	the thesis is provided.	

Iomination of examiners			
he 'Nomination of Examiners' f	form has been compl	eted and returned to the Adelaid	e Graduate Research School:
Yes	O No		
f No, please advise of a date by	y which the complete	d form will be returned:	
Programs which contain a			
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