**Ollscoil Mhá Nuad**



**Maynooth University**

**FORM A**

**DOCTORAL THESIS - APPROVAL FOR JOINT PhD DEGREE - APPROVAL FOR EXAMINATION**

**TO THE REGISTRAR:**

I hereby confirm my approval for examination, of the final draft of the Doctoral thesis entitled:

I also confirm that the minimum credit requirements for modules under the Structured Research Programme as required by Maynooth University, have been successfully completed.

**Submitted by:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Student Number: |  |
| Department: |  |  |  |
| Signed: |  |  Date: |  |
| Supervisor/s |  |  |  |
| Signed:  |  |  |  |

 **Head of Department**

**RECORDS OFFICE APPROVAL: I confirm that registration is in order:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed:  |  |  Date: |  |

 **RECORDS OFFICE**

**FEES OFFICE APPROVAL: I confirm that all fees are in order:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed:  |  |  Date: |  |

 **FEES OFFICE**

**Ollscoil Mhá Nuad**



**Maynooth University**

**FORM B**

**JOINT PhD DEGREE EXAMINATION SUBMISSION**

|  |  |
| --- | --- |
| **Surname:** |  |
| **First Names:** |  |
| **Student Number:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
|  |  |
|  |  |
| **Telephone Number:** |  |
| **Title of Thesis:**  |  |
|  |  |
|  |  |

I, ………………………………………………, certify that the Thesis is my own work and I have not obtained a Degree in this University or elsewhere on the basis of this Doctoral Thesis.

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

**Ollscoil Mhá Nuad**



**Maynooth University**

**FORM C**

**Joint PhD Thesis Depositor Declaration Form**

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| --- | --- |
| Author of Thesis |  |
| (BLOCK CAPITALS)  |  |
| Title of Thesis: |  |
|  |  |
| Degree: |  |
| Permanent Address: |  |
|  |  |
| Student Number:  |  |

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| --- | --- | --- | --- |
| Signature of Author of Thesis: |  | Date: |  |
| Signature of Supervisor: |  | Date: |  |
| Signature of External Supervisor: |  | Date: |  |

**\*** Depositors wishing to withhold permission must apply in writing to the Dean of Graduate Studies and provide written support from their Supervisor or Head of Department. If permission to withhold access is granted this form MUST be signed by the Dean of Graduate Studies below.

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Should the author wish to withhold access beyond that time frame, s/he must make a further application to the Dean of Graduate Studies.

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| --- | --- | --- | --- |
| Signature, Dean of Graduate Studies: |  | Date: |  |