FORM A

Ollscoil na hÉireann, Má Nuad
NATIONAL UNIVERSITY OF IRELAND, MAYNOOTH

JOINT PhD DEGREE - APPROVAL FOR EXAMINATION

This form must be accompanied by an original letter in English signed by the External Supervisor confirming approval of the thesis 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: ____________________________ DATE: ____________________________

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
Form B

Ollscoil na hÉireann, Má Nuad
NATIONAL UNIVERSITY OF IRELAND, MAYNOOTH

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: _________________________________________________________

February 2019
Form C

Joint PhD Thesis Depositor Declaration Form

Author of Thesis: __________________________________________________________
(BLOCK CAPITALS)

Title of Thesis: __________________________________________________________

___________________________________________________

Degree: _________________________________________________________________

Permanent Address: ______________________________________________________

___________________________________________________

Student Number: _________________________________________________________

Copyright Declaration

In accordance with the Copyright and Related Rights Act, 2000, and S.I. 427 of 2000 I agree that National University of Ireland, Maynooth may, at their discretion, lend or copy the thesis detailed above upon request.*

I agree that National University of Ireland, Maynooth may deposit the thesis detailed above in the Institutional eTheses Archive managed by the Library (http://eprints.mu.ie). * I confirm that the electronic copy (on CD/DVD/USB) consists of one PDF file mirroring the hard bound copy.

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.

I would like to confirm that the above student has been granted permission to withhold access to his/her Thesis in the library for a period of

One Year [ ] Two Years [ ]

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

Signature, Dean of Graduate Studies: __________________________ Date: ______________