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:_____

Form C

Joint PhD Thesis Depositor Declaration Form

Author of Thesis: _____
(BLOCK CAPITALS)

Title of Thesis: _____

_____

Degree: _____

Permanent Address: _____

_____

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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.

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 ☐

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Signature, Dean of Graduate Studies: _____Date: _____