



Please complete this form in **BLACK INK** using **CAPITAL LETTERS**. Mark appropriate answer boxes with a cross (**X**).

1 - PERSONAL DETAILS

Student ID number Daytime contact phone number

Title Family name

Given name(s)

Postal address

Unit no.	<input type="text"/>	Street no.	<input type="text"/>	Street name	<input type="text"/>
Suburb	<input type="text"/>	State	<input type="text"/>	Postcode	<input type="text"/>
Country	<input type="text"/>				

2 - PROGRAM DETAILS

Doctor of Philosophy Professional Doctorate Masters Philosophy Masters Research

Institute/School/Research Centre/Principal Supervisor

3 - STUDENT DECLARATION

I hereby lodge copies of my thesis/portfolio for examination for the above degree:

electronic hardcopy

Thesis title

Please provide a 100 word plain language statements that describes your thesis in MySR, accessed through Western Central at westernsydney.edu.au/westerncentral. This statement will be printed on your Australian Higher Education Graduation Statement (AHEGS).

Student's signature **SIGN HERE**

Date

Form continues overleaf

In providing my personal information to the University, I understand that, other than as authorised by law, the University will only use this information for the purposes for which it is being collected in accordance with the University's functions and activities associated with my enrolment. In some instances, the University may need to disclose information to any Government department which administers or has authority regarding education or immigration policy and law and any other Government agencies (State, Territory or Federal), an affiliated entity of the University, or to third parties for the purposes of recovering unpaid University fees or other debts owed to the University, and I consent to such disclosure. I also understand that all information will be collected, stored, accessed and disseminated or destroyed in accordance with privacy, records management and other relevant laws, and the University's policies.

4 - RECOMMENDATION FOR EXAMINATION

I recommend that the thesis be examined:

Title	Name	Signature	Date
Principal Supervisor			
Associate Supervisor			

I do not recommend that the thesis be examined:

Title	Name	Signature	Date
Principal Supervisor			
Associate Supervisor			

5 - STATEMENT FROM THE INSTITUTE/SCHOOL/CENTRE

I support the lodgement of the thesis for examination under the University rules for Higher Degrees.

Institute/School/Centre HDR Director

Signature

Date

D	D	/	M	M	/	Y	Y	Y	Y
---	---	---	---	---	---	---	---	---	---

Comments from the Director:

6 - RETURNING THIS FORM

When approved please return this form together with any supporting documents to:

Graduate Research School
email: grs.exams@westernsydney.edu.au