**Notification of Intention to Submit Form**

**For Higher Degree by Research students**

**Graduate Research School** **grs@uts.edu.au** **Tel: 02 9514 1336 Level 7, Building 1 Broadway Campus**

This notice must be submitted to the Graduate Research School TWO MONTHS prior to submission of your thesis. It is recommended that you consult your supervisor regarding your intended date of submission before you submit this form**. Please type in the form.**

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| 1. **Personal information**
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 Surname First name

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 Faculty Course Name

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 Student ID Principal Supervisor’s name

Are you enrolled as a collaborative degree candidate? Yes ***Go to Section B*** No ***Go to Section C***

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| 1. **For collaborative degree candidates**
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1. Please list your supervisory panel at the partner institution

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1. Please provide information about how the thesis examination will be conducted

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1. Is oral examination required?

If yes, please list the panel of examiners

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1. Please provide the email address of the Graduate Research School at the partner institution

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| 1. **Intention to submit thesis for examination**
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*I hereby give notice that I intend to submit my thesis in accordance with the University’s rules for the award of research degree by thesis,* [*Student Rule 11.17*](http://www.gsu.uts.edu.au/rules/student/section-11.html#r11.17)

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Intended date of submission

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| 1. **Thesis format**
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 Conventional Thesis Thesis by compilation Thesis by publication\*

 Thesis including artefacts, exhibition, performance or portfolio of professional or creative work

\*Thesis by publication available only for students enrolled prior to 31 December 2017.

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| 1. **Confidentiality**
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Does your thesis contain confidential material, that under [Student Rule 11.19.2](http://www.gsu.uts.edu.au/rules/student/section-11.html#r11.19) should have restricted distribution and disclosure?

Yes  No

***If you select yes, please complete the*** [***confidentiality request form***](https://www.uts.edu.au/grs-confidentiality-request-form) ***and submit to your supervisor and faculty along with your submission documentation.***

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| 1. **Thesis Title**
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| 1. **Supervisory Panel**
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| **Principal Supervisor** |  |
| **Co-Supervisor** |  |
| **Assistant Supervisor** |  |
| **External Supervisor** |  |

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| 1. **Research Integrity Module**
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| **Completed**  | **Yes** | **No** |

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| 1. **Candidature Stage 3 Assessment**
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| **Completed** | **Yes** | **No** |
| **If Yes, please note date and outcome** |  |
| **If No, please indicate date for assessment** |  |

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| 1. **Student Signature**
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| **Student Signature** | **Date** |  |

**Once you have completed the form, please submit to the** **grs@uts.edu.au****. Your supervisor and faculty will be notified of your intention to submit date.**