



INTENTION TO SUBMIT RESEARCH THESIS FOR FINAL EXAMINATION (ITS Form)

The **Principal Supervisor**, having consulted other members of the supervisory team as well as the candidate, should complete this form and submit it to the **Research Records Office, 6 Airlie Place** **OR** the following School Research Admin Office:

- > [School of Art & Design](#), RPG Research Admin Office, Level 3, Matthew Building, Ext 85249
- > [School of Business](#), PhD Admin Office, Room G.06, Carnegie Building, Ext 88815
- > [School of Dentistry](#), RPG Research Admin Office, 9th Floor, Dundee Dental Hospital and School, Park Place, Ext 81738
- > [School of Education & Social Work](#), RPG Research Admin Office, OMI Building, Campus Green, Ext 81480
- > [School of Humanities](#), RPG Research Admin Office, Level 1, Baxter Suite, Tower Building, Ext 84538
- > [School of Life Sciences](#), SLS PhD Research Admin Office, James Black Centre Building, Ext 84880
- > [School of Medicine](#), Postgraduate Office, Corridor G, Lab Block, Level 6, Ninewells Hospital, Ext 86931
- > [School of Nursing & Health Sciences](#), RPG Research Admin Office, Airlie Place, Ext 88557
- > [School of Social Sciences](#), PhD Research Admin Office, Ground Floor, Scrymgeour Building, Ext 84459
- > [School of Science & Engineering](#), RPG Administrator, Research School Office, Fulton Building, Ext 88085

at least **3 months prior to the planned date of the *viva voce* examination**. Once approved this form will be **VALID FOR 6 MONTHS ONLY**. A new form will be required if the *viva* examination cannot be held within the period of validity.

SECTION A: STUDENT AND SUPERVISOR INFORMATION

Name of Candidate Matric No
SURNAME, Forename

Degree (PhD, MPhil, MSc, MD, other) School

Title of Thesis for
Submission

Research Supervisors
Principal [1] : Second [2]

Candidate Signature Date

Principal Supervisor
Signature Date

SECTION B: PROPOSED COMPOSITION OF THE EXAMINING COMMITTEE

(continued overleaf)

EXTERNAL EXAMINER(S): **Two** External Examiners are required if the candidate is a member of academic staff

(1) **NAME** (Please **PRINT**
including title)

Full Postal Address
including
Email and Tel No.

(2) **NAME** (Please **PRINT**
including title)

Full Postal Address
including
Email and Tel No.

TO BE COMPLETED BY THE RESEARCH SUPERVISOR

Please indicate why this External Examiner appointment is considered appropriate for the examination of this candidate.

SECTION B: PROPOSED COMPOSITION OF THE EXAMINATION COMMITTEE

INTERNAL EXAMINER: Shall not be one of the candidate's supervisor(s)

NAME (Please PRINT including title)

SCHOOL

CONVENER: Must have acted as Internal Examiner on a previous examining committee and shall not be one of the candidate's supervisors

NAME (Please PRINT including title)

SCHOOL

SECTION C: PROPOSED DATE OF VIVA VOCE EXAMINATION

Signature of Head of Division/Programme

Date

FOR SCHOOL OFFICE USE ONLY

Recommended for Approval

YES

NO

Signature of Authorisation (Dean / HDC / RPC)

Signature

Date

IMPORTANT INFORMATION

The following documents should be read in conjunction when approving this form:

APPENDIX 1 - Checklist for the completion of the Intention to Submit Form

APPENDIX 2 - Curriculum Vitae of External Examiner (for Candidate)

APPENDIX 3 - Guidance for Examiners for Higher Degree by Research