SUBMISSION OF A SOFT BOUND THESIS FOR EXAMINATION

FOR ALL POSTGRADUATE RESEARCH STUDENTS

(Liverpool Hope and Partner Institutions)

**GUIDANCE**

This form must NOT be completed until the student has been informed, by email from [administration@hope.ac.uk](mailto:administration@hope.ac.uk), that their Intention to Submit Form has been approved, and their status changed to “Submission Pending”.

* Students must email the form, together with an electronic copy of the thesis, in PDF format, to their home institution [*Maryvale Institute, St Mary’s University or Newman University*] via that institution’s Research Office [or equivalent] OR to the PGR Administration team (PGR@hope.ac.uk)
* Should the Examiners request a soft-bound paper copy of the thesis, students should provide these to their home institution’s Research Office or to the PGR Administration team, as appropriate following request.
* On receipt of the form and the copies of the thesis, the appropriate Research staff should:
* if the form has been fully completed, and the DoS/Primary Supervisor has selected ”Yes” for the final question -forward the thesis to the examiners;
* if the form has not been fully completed, or the DoS/Primary Supervisor has selected ”No” for the final question -return the form to the student, and warn that the thesis cannot be forwarded to the examiners until a suitably amended form has been received, and that this may delay the examination.
* Students are also advised that the final outcome will be communicated via their Hope University email.

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| ***To be completed by the student*** | | | | |
| **Name** |  | | | |
| **Liverpool Hope Student ID Number** |  | | | |
| **Subject** |  | | | |
| **Primary Supervisor / Director of Studies** |  | | | |
| **Date of examination (if known)** |  | | | |
| **Degree for which the thesis is submitted [select one]** | MPhil  PhD  EdD | | | |
| ***Title of thesis*** |  | | | |
| ***Number of copies of the thesis submitted*** | ***Soft Copies*** |  | ***Electronic Copies*** |  |
| ***Signature*** | ***Date*** | | | |
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| ***To be completed by the Director of Studies*** | | | |
| ***Name*** | ***Signature*** | ***Date*** | |
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| I can confirm that the student has successfully completed their (Vitae) Research Skills Phase 3 (Please tick as appropriate) | | Yes | No |