|  |  |
| --- | --- |
| J:\ORHD\Students\Forms\USQ_Ver_3b_Int_FullCol.jpg | **INTENTION TO SUBMIT FOR THE EXAMINATION A** **HIGHER DEGREE BY RESEARCH THESIS**  |

|  |  |  |  |
| --- | --- | --- | --- |
| Name |  | Student ID |  |
| Program |  | Date to be submitted |  |
| Title of Thesis |  |
| School / Dept |  |
| Faculty |  |
| Principal Supervisor |  |
| Associate Supervisor |  |
| Associate Supervisor |  |

|  |
| --- |
| *I hereby give notice that I intend to submit a quality thesis for examination on the date outlined above. I confirm that the thesis will be provided in accordance with the* [*HDR Presentation Schedule*](http://policy.usq.edu.au/documents/151774PL)*.**I intend to submit the thesis electronically* Yes **[ ]**  No **[ ]  (Please note that electronic submission is the university’s preferred method of examination. You should discuss submission options with your supervisory team.)***If the thesis is not submitted electronically you will be required to supply three temporary bound printed copies of the thesis for examination.*  |
|  **Student** |  |  |  |  |  |  |
|  | **Name and Title** |  | **Signature** |  | **Date** |  |

|  |
| --- |
| *I confirm that the student has completed all preliminary studies prescribed for the program.* |
| **Principal Supervisor** |  |  |  |  |  |  |
|  | **Name and Title** |  | **Signature** |  | **Date** |  |

Please email the completed form to the Faculty Research Office (FacultyResearchSupport@usq.edu.au)