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

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

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| *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** |  |

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| *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](mailto:FacultyResearchSupport@usq.edu.au))