This form is to be used by HDR candidates who have not completed a Thesis Review Milestone. Submitting a Notice of Intent to Submit form is important to notify the Graduate Research School (GRS) of the thesis submission intention and for the nomination of the Chair of Examiners. The completed form must be sent to - [hdrexam@une.edu.au](mailto:hdrexam@une.edu.au).

Candidate Details

|  |  |  |
| --- | --- | --- |
| **Candidate Name** |  | |
| **Student Number** |  | |
| **Thesis Title** |  | |
| **Intended Submission Date** (should be within 2 months of form completion and no later than the current submission date) | | Click or tap to enter a date. |
| **Thesis Format** | |  |
| **Variation to Standard Examination** (leave blank if not applicable) | | Choose an item. |

Opportunity to Veto Potential Examiners

Candidates may use the fields below to suggest examiners that should not examine the thesis.

|  |  |  |
| --- | --- | --- |
| **Examiner Name** | **Examiner Current Institution** | **Reason Examiner Should Not Examine** – optional (e.g. conflict of interest) |
|  |  |  |
|  |  |  |

Principal Supervisor

**Chair of Examiners Nomination** - Normally the Chair of Examiners will be an experienced academic from a cognate discipline, or the HDR Coordinator. The Chair of Examiners may not be a current or former member of the supervision team.

|  |  |
| --- | --- |
| **Nominate a Chair of Examiners** |  |

|  |  |  |  |  |  |  |
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| **Principal Supervisor** - By signing below you certify that the following items are true: | | | | | | |
| The thesis will be prepared and submitted in compliance with the Responsible Research Code, the [Research Data Management Policy](https://policies.une.edu.au/document/view-current.php?id=208), and other relevant UNE policies. | | | | | | |
| **Ethics Approval Recipients** **Only**- The research underpinning the thesis satisfies all requirements of the relevant Ethics Committee. | | | | | | |
|  | | | | | | |
| **Principal Supervisor** |  |  |  |  | Click or tap to enter a date. |  |
|  | **Name** |  | **Signature** |  | **Date** |  |

Head of School or nominee (for example, HDR Coordinator)

|  |  |  |  |  |  |  |
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| By signing below you certify that the following item is true: | | | | | | |
| The nominated Chair of Examiners is appropriate for this candidate’s thesis examination and has accepted the nomination. | | | | | | |
|  | | | | | | |
| **Head of School/ HDR Coordinator** |  |  |  |  | Click or tap to enter a date. |  |
|  | **Name** |  | **Signature** |  | **Date** |  |