This form is used to submit to the Graduate Research School (GRS) the revised HDR thesis for re-examination. The completed form must be sent to - [hdrexam@une.edu.au](mailto:hdrexam@une.edu.au).

Section 1: Candidate Details – candidate to complete

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| **Candidate Name** |  |
| **Student Number** |  |
| **School/Unit** | Choose an item. |
| **Degree** | Choose an item. |
| **Revised Thesis Submission Date** | Click or tap to enter a date. |
| **Updated Title** (if applicable) |  |
| **Updated Abstract** (if applicable)  115 words maximum  Please Note: Due to the digital production of your AHEGS and Transcripts in My eQuals. It must not contain: Italics, Bold, Subscript, Superscript and Symbols |  |
| **Thesis Format** |  |
| **Variation to Standard Examination** (if applicable) | Choose an item. |
| **Is the Right of Access form that was submitted with the original thesis still correct?** | Choose an item.  *If no, include updated Right of Access form* |

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| **Management and Storage of Research Data** Any additional, changed or re-analysed data must be uploaded to the university repository (RUNE) following the [Research Data Submission](https://www.une.edu.au/research/hdr/submission-examination) steps in accordance with the [Research Data Management Policy](https://policies.une.edu.au/document/view-current.php?id=208). | |
| **Do you have any additional, changed or re-analysed data?** | Choose an item. |
| **\*If yes, have you uploaded the data to RUNE?** | Choose an item. |

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| **HDR Candidate** |  |  |  |  | Click or tap to enter a date. |  |
|  | **Name** |  | **Signature** |  | **Date** |  |

Section 2: Supervisor/School Certification

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| **Principal Supervisor and Associate Dean Research or delegate (for example, Head of School or HDR Coordinator) Certification** - By signing below you certify that the following items are true: | |
| **1.** | Confirm satisfaction that the candidate has completed the required changes according to the Graduate Research Committee (GRC) outcome. |
| **2.** | The candidate has submitted a list of changes made and/or not made as requested by the examiners. For any changes not made, adequate justification has been provided. |
| **3.** | The revised thesis is of a suitable quality for re-examination. |

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| **Principal Supervisor** |  |  |  |  | Click or tap to enter a date. |  |
|  | **Name** |  | **Signature** |  | **Date** |  |
|  | | | | | | |
| **Associate Dean Research or Delegate** |  |  |  |  | Click or tap to enter a date. |  |
|  | **Name** |  | **Signature** |  | **Date** |  |