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**THE PhD /MD /RESEARCH MASTERS’ DEGREE**

**APPROVAL FOR EXAMINATION**

**To: The Deputy President & Registrar, the University of Galway**

Please tick (√) as appropriate: **PhD**

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**MD** Research **Masters**

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Submitted by Candidate (please write in caps or type)

**For PhD/MD candidates only:**

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I, the **Candidate**, certify that the Thesis is all my own work and that I have not obtained a degree in this University or elsewhere on the basis of any of this work. (If the thesis is based on a group project, then the student must indicate the extent of his/her contribution, with reference to any other theses submitted or published by each collaborator in the project, and a declaration to this effect must be included in the thesis. This declaration should follow the Table of Contents).

Signed: Date:

I, the Candidate’s **Primary Supervisor**, hereby confirm that I have inspected, and approve for submittal for examination, the final draft of the thesis, of title above:

Signed: Date:

1. I, **a member of the candidate’s Graduate Research Committee**, hereby approve for submittal for examination, the final draft of the thesis, of title above:

2. For candidates in structured research programmes, I also confirm that the minimum requirements for the taught modules under the programme, as required by College, have been successfully completed by the candidate.

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**Submit a scanned version of this form, together with a PDF version of the thesis to** [**thesissubmission@universityofgalway.ie**](mailto:thesissubmission@universityofgalway.ie)

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