**Ollscoil Mhá Nuad**



**Maynooth University**

**FORM A**

**RESEARCH MASTERS THESIS - APPROVAL FOR EXAMINATION**

**TO THE REGISTRAR:**

I hereby confirm my approval for examination, of the final draft of the Research Masters thesis entitled:

I also confirm that the minimum credit requirements for modules under the Structured Research Programme as required by Maynooth University, have been successfully completed.

**Submitted by:**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Student Number: |  |
| Department: |  |  |  |
| Signed: |  | Date: |  |
| Supervisor/s |  |  |  |
| Signed: |  |  |  |

**Head of Department**

**RECORDS OFFICE APPROVAL: I confirm that registration is in order:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

**RECORDS OFFICE**

**FEES OFFICE APPROVAL: I confirm that all fees are in order:**

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

**FEES OFFICE**

**Ollscoil Mhá Nuad**



**Maynooth University**

**FORM B**

**RESEARCH MASTERS THESIS EXAMINATION SUBMISSION**

|  |  |
| --- | --- |
| **Surname:** |  |
| **First Names:** |  |
| **Student Number:** |  |
| **Date of Birth:** |  |
| **Address:** |  |
|  |  |
|  |  |
| **Telephone Number:** |  |
| **Title of Thesis:** |  |
|  |  |
|  |  |

I, ………………………………………………, certify that the Thesis is my own work and I have not obtained a Degree in this University or elsewhere on the basis of this Doctoral Thesis.

|  |  |
| --- | --- |
| **Signed:** |  |

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**FORM C**

**Thesis Depositor Declaration Form**

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| Author of Thesis |  |
| (BLOCK CAPITALS) |  |
| Title of Thesis: |  |
|  |  |
| Degree: |  |
| Permanent Address: |  |
|  |  |
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