**Ollscoil Mhá Nuad**



**Maynooth University**

**FORM A**

**Research Masters Thesis – Approval for Examination**

You are required to have this form completed prior to your thesis submission deadline:

* Form must be signed by the Student, Principal Supervisor and Head of Academic Department.
* Student must email the completed form to the Student Records Office at registration@mu.ie for approval.
* Student Records Office, when approved, will forward the form and confirmation email to the Fees & Grants Office at feepgsubmit@mu.ie for approval.
* The Fees & Grants Office, when approved, will forward the form and confirmation email to the Examinations Office at research.theses@mu.ie and copy the student on same.

***If the Examinations Office does not receive a fully signed off form prior to the submission deadline the thesis will not be processed. Please ensure that you email the completed form to the Student Records office a minimum of two weeks prior to the deadline to ensure sufficient time for processing.***

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please tick which submission deadline you will be submitting to the Examinations Office by:**

[ ]  31st October [ ]  28th February

**To submit after these deadlines will require registering for the next academic year/semester and will incur additional fees.**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**TO THE REGISTRAR:**

I hereby confirm my approval for examination of the final draft of the Doctoral 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.

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Head of Department: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**HOD Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Ollscoil Mhá Nuad**



**Maynooth University**

**FORM B**

**Research Masters Thesis Examination Submission**

|  |  |
| --- | --- |
| **Student Name:** |  |
| **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 Research Masters Thesis.

|  |  |
| --- | --- |
| **Student Signature:** |  |

**Ollscoil Mhá Nuad**



**Maynooth University**

**FORM C**

**Research Masters Thesis Depositor Declaration Form**

|  |  |
| --- | --- |
| **Author of Thesis** |  |
| **(BLOCK CAPITALS)**  |  |
| **Title of Thesis:** |  |
|  |  |
| **Degree:** |  |
| **Permanent Address:** |  |
|  |  |
| **Student Number:**  |  |

**Copyright Declaration**

In accordance with the *Copyright and Related Rights Act*,2000*,* and *S.I. 427* of 2000 I agree that National University of Ireland, Maynooth may, at their discretion, lend or copy the thesis detailed above upon request.**\***

I agree that National University of Ireland, Maynooth may deposit the thesis detailed above in the Institutional eTheses Archive managed by the Library (<http://mural.maynoothuniversity.ie>). \* I confirm that the electronic copy (on CD/DVD/USB) consists of one PDF file mirroring the hard bound copy.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature of Author of Thesis:** |  | **Date:** |  |
| **Signature of Supervisor:** |  | **Date:** |  |

**\*** Depositors wishing to withhold permission must apply in writing to the Graduate Research Academy (director.graduate.research@mu.ie) and provide written support from their Supervisor or Head of Department. If permission to withhold access is granted this form MUST be signed below by the Director of the Graduate Research Academy.

I would like to confirm that the above student has been granted permission to withhold access to his/her Thesis in the library for a period of: **One Year** [ ]  **Two Years** [ ]

Should the author wish to withhold access beyond that time frame, s/he must make a further application to the Graduate Research Academy.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature, Director of the Graduate Research Academy:** |  | **Date:** |  |