

# STATEMENT OF INTENT TO SUBMIT MASTER OF PSYCHOLOGY

GS01



THE UNIVERSITY OF  
MELBOURNE

## SECTION 1: FOR COMPLETION BY THE CANDIDATE

NOTE: This form should be submitted 1 month prior to submission  
The examination process can proceed once this completed form has been lodged

<b>Student No:</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>Dr/Mr/Mrs/Ms/Miss/Other:</b> _____ <b>Family Name:</b> _____ <b>Given Name(s):</b> _____
<b>Stream:</b> <input type="checkbox"/> Clinical <input type="checkbox"/> Neuro <input type="checkbox"/> Child Clinical
<b>Final Thesis Title:</b> _____ _____ _____ _____

I intend to submit my thesis around the following date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**SIGNATURE OF CANDIDATE** \_\_\_\_\_

**DATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## SECTION 2: FOR COMPLETION BY THE SUPERVISOR

The above student will be ready to submit their thesis around the date indicated

Yes  No

**SIGNATURE OF SUPERVISOR** \_\_\_\_\_

**DATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

- OFFICE USE ONLY -

**COPY TO**  Student  Supervisor  File **DATE:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_