THESIS SUBMISSION
MASTER OF PSYCHOLOGY

SECTION 1: FOR COMPLETION BY THE CANDIDATE

Please submit with three temporarily bound copies of the thesis to the Professional Programs Officer
Melbourne School of Psychological Sciences, The University of Melbourne, VIC, AUSTRALIA, 3010

Student No: ________________________________

Dr/Mr/Mrs/Ms/Miss/Other: ______

Family Name: ____________________________

Given Name(s): ________________________

Stream: ☐ Clinical ☐ Neuro ☐ Child Clinical

Final Thesis Title: ____________________________________________________________

________________________________________

Signature: ____________________________ Date: __________ / __________ / __________

Statement by Candidate

I certify that this thesis conforms in all respects to the regulations of the University of Melbourne (R3.60) and that I have complied with the following requirements:

1. The thesis comprises only my original work, except where due acknowledgement has been made in the preface and the text to all other material used. (Note: work done in collaboration may be included but it must be clearly identified and acknowledged, in the text, and cannot contribute as original work for the purpose of examination of this thesis).

2. The thesis is less than 10,000 words in length, exclusive of tables, maps, bibliographies, appendices and footnotes.

3. The thesis reflects work done during the period of candidature but may include related preliminary material provided that it has not contributed to an award of a previous degree.

4. No part of this work has been used by me for the requirements of another degree except where explicitly stated in the body of the text and in the attached statement.

5. Research data and records collected, used and maintained in the conduct of my research will be retained and accessible for five years from the point of thesis submission unless publication, or public release of the work of research subsequently occurs, in which case the research data and records will then be retained for five years after publication, or public release, of the work of research.

Prior Agreement

As an academic courtesy, I agree to allow my examiners to retain their copy of the thesis: Yes ☐ No ☐

If no, please explain your reason:

☐ A confidentiality agreement has been established which covers material contained in the thesis

☐ Original drawings, illustrations, or diagrams are not easily reproduced

☐ Other (please explain on an attached sheet)

SIGNATURE OF CANDIDATE __________________________________________ DATE _____ / _____ / _____
SECTION 2: FOR COMPLETION BY THE SUPERVISOR

I certify that:

1. The work contained in the thesis is, to the best of my knowledge, that of the candidate, except where otherwise acknowledged

   Yes ☐  No ☐

2. The thesis is presented according to University guidelines, as set out in the Psychology Postgraduate Handbook

   Yes ☐  No ☐

3. The thesis is *prima facie* ready to go forward to examination OR

   Yes ☐  No ☐

4. The thesis has significant shortcomings but may proceed to examination OR

   Yes ☐  No ☐

5. We recommend that the thesis should not be sent out for examination.

   Yes ☐  No ☐

If you have chosen option 4 or 5 please attach an explanation. N.B. a recommendation to send the thesis out to examination is deemed to be a recommendation for reinstatement for the purpose of examination in the case of candidates whose candidature has lapsed, and/or a recommendation for reduction of candidature where necessary.

The final title of the thesis as authorised by the Supervisor is:

____________________________________________________________________________________________________________________
____________________________________________________________________________________________________________________
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Is any part of the thesis bound by a confidentiality restriction?

Yes ☑  No ☐

If yes, the Graduate Examinations Office will treat the thesis as confidential material and thereby seek confidentiality from the examiners.

Name of Supervisor(s): ____________________________ Signature of Supervisor(s): ____________________________ Date: _____ / _____ / _____

Name of Supervisor(s): ____________________________ Signature of Supervisor(s): ____________________________ Date: _____ / _____ / _____

Signature of Chairperson of Examiners ____________________________ Date: _____ / _____ / _____

SECTION 3: FOR COMPLETION BY THE SCHOOL OFFICE

I certify that I have received three copies of the candidate's thesis, including the statement of authorship.

☐ Thesis is submitted for initial examination ☐ Thesis has been rewritten and resubmitted.

Signature: ____________________________ Date: _____ / _____ / _____

Graduate Examinations Officer