**Notice of Intention to Submit for Examination**

***Only typed forms will be accepted.***

Please refer to [Guidance on Electronic Completion & Submission of PGR Forms](https://www.dcu.ie/registry/postgraduate-research-academic-regulations-guidelines-registry). Completed forms must be submitted to Student Awards, Registryat [postgraduate.research@dcu.ie](mailto:postgraduate.research@dcu.ie) at least **two weeks** in advance of the Graduate Research Studies Board (GRSB) meeting. Please [click here](https://www.dcu.ie/registry/postgraduate-research-registry) for Registry submission deadlines.

*The PGR4 provides at least 3 months notice of a student’s intention to submit for examination. However, if this submission is delayed, the appointments held within are valid for a 12 month period from date of approval. Where a PGR4 expires, approval of examiners must be sought from GRSB through re-submission of a PGR4 form.*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name of Candidate** |  | | | | |
| **ID Number** |  | **Current Registration Mode**  (please tick as appropriate) | | | Full-time ❒ Part-time **❒** |
| **Date of Entry onto the Research Programme** |  | **Number of Months Research Completed** | | |  |
| **Title of Award Sought**  (please tick as appropriate) | DBA **❒**  DProfElite **❒** DPsych **❒** EdD **❒** PhD **❒**  MA **❒** MEng **❒**  MSc **❒**  LLM **❒** MPhil **❒** MBS **❒**  MEd **❒** | | | | |
| **Thesis Format[[1]](#footnote-1)**  (please tick as appropriate) | Monograph **❒** Publication **❒**  Artefact **❒**  Creative/Performance Practice **❒** | | | | |
| **Title of Thesis** |  | | | | |
| **School** |  | | | | |
| **Supervisor(s)** | **Principal/**  **Joint Principals** | | **Secondary Internal (where relevant)** | **Secondary External (where relevant)** | |
|  | |  |  | |
| **Independent Panel Member(s)\*** |  | | | | |
| **Early Appointment of Examiners for Creative / Performance Practice Components** | *If examiners are required to attend creative / performance practice in advance of thesis submission, please outline the circumstances and indicate the respective timescales for the practice and thesis components.* | | | | |

1. **CANDIDATE DETAILS & DECLARATION** (*To be completed by Candidate)*

I herewith give three months notice of my intention to submit the above thesis for examination for the award of the degree stated above and I have appended a typed 300-word abstract of my work.

I further confirm that the word-length of the thesis to be submitted will be within the maximum limit set out in the Academic Regulations for Postgraduate Degrees by Research & Thesis e.g. 45,000 Masters, 90,000 PhD.

**Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**

**Postgraduate Candidate**

1. **SUPERVISOR(S) ACKNOWLEDGEMENT & DECLARATION**

*I/We herewith acknowledge that the above named candidate has completed his/her period of study and research for the above degree and is eligible to submit his/her thesis for examination.*

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: ­­­­­­­\_\_\_\_\_\_\_

**Principal Supervisor(s)**

Insert additional signature lines if required and identify that person’s role. Independent Panel Member(s) and Secondary Supervisor(s) are not required to sign this form.

(*To be completed by Principal Supervisor(s))*

1. **CONFIDENTIALITY OF THE THESIS & EXAMINATION PROCESS**

*(To be completed by Principal Supervisor(s))*

The Letter of Invitation issued to External Examiner(s) following approval by GRSB, includes a standard confidentiality clause, suitable for most academic and Intellectual Property (IP) protection purposes. Further information on this and examples where bespoke Non-Disclosure Agreements may be required is available at <http://www.dcu.ie/registry/non-disclosureagreements.shtml>

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| --- | --- | --- |
| Please indicate whether or not a bespoke Non-Disclosure Agreement is required, **tick** **the relevant box**.  *If yes, Registry will notify INVENT to contact the Principal Supervisor(s).* | YES ❒ | NO ❒ |

1. **NOMINATION OF EXAMINERS**

(*To be completed by Principal Supervisor(s) and Head of School)*

***N.B.*** *Please refer to Section 10 APPOINTMENT OF EXAMINERS FOR RESEARCH DEGREES of the* [*Academic Regulations*](https://www.dcu.ie/registry/regulations/postgraduate_regulations.shtml) *and the* [*DCU Conflict of Interest Policy*](https://www.dcu.ie/policies/policies.shtml)*.* *The* ***Head of School*** *must ensure that all examiners have required independence as outlined in these policies.*

**D (i) Nominated Internal Examiner**

*The Internal Examiner should be experienced in supervising research students and be independent of the research, the student, and the other examiner(s).*

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| --- | --- | --- | --- | --- |
| **Name** |  | **Qualifications** |  | |
| **Nature of Current Post** |  | **School** |  | |
| **If the nominee has not yet supervised a research student from early stage to completion for the award being examined, (or for a higher research award) please indicate by which method the nominee meets the requirement:** | | | | |
| Has supervised 3 candidates from early stage through the confirmation/transfer stage. | | | Yes **❒** | No **❒** |
| Has completed all elements of professional development for examiners (course & exam shadowing with reflection). | | | Yes **❒** | No **❒** |

**D (ii) Nominated External Examiner** *(****N.B.*** *Please also complete CV template in Section F)*

**Note:** *Reciprocal examining arrangements between the University and other colleges/institutions in the same subject area should be avoided, as should disproportionate dependence on any specific School or Department in a given institution. Typically, a year should elapse between appointments involving the same Schools/Departments.*

|  |  |
| --- | --- |
| **Name** |  |
| **Home Institution** |  |
| **Home Department** |  |
| **Nature of Current Post / Responsibilities** |  |
| **Main Research Interests and Reasons for Appointment**  (Please outline relevancy of expertise to the research area of the candidate). |  |
| **Location**  If the nominee will be travelling a long distance, please advise why an appropriate examiner at closer proximity could not be identified. |  |

**D (iii) Head of School Declaration**

1. The above-mentioned is herewith recommended for appointment as External Examiner for the candidate referred to in Section A and has no associations with DCU that are in contravention of the regulations.
2. The candidate is/was **❒ OR**  is not/was not **❒** (*tick as appropriate*) a member of staff of the University as defined in *Section 10.2.3 of Academic Regulations for Postgraduate Degrees by Research and Thesis.*
3. The examining team[[2]](#footnote-2) does **❒ OR** does not **❒** (*tick as appropriate*) include a gender mix.

|  |
| --- |
| If the examining team does not include a gender mix, please outline why it has not been possible to achieve this: |

Sign: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:

**Head of School or Nominee** (A Nominee may be the Research Convenor or Deputy Head of School)

Countersignature[[3]](#footnote-3): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

1. **NOMINATED ADDITIONAL EXTERNAL EXAMINER**

(*To be completed by Principal Supervisor(s) and Head of School)*

*In the case of a candidate who is/was a member of staff of the University, it may be a requirement to have the examination conducted by two External Examiners (ref Section 10.2.3).*

*Where it is determined by a Head of School that a Candidate requires an additional External Examiner, please populate the following section* ***and*** *also a CV template (see section F) for the nominated additional External Examiner.*

|  |  |
| --- | --- |
| **Name** |  |
| **Home Institution** |  |
| **Home Department** |  |
| **Nature of Current Post /**  **Responsibilities** |  |
| **Main Research Interests and Reasons for Appointment**  (Please outline relevancy of expertise to the research area of the candidate). |  |
| **Location**  If the nominee will be travelling a long distance, please advise why an appropriate examiner at closer proximity could not be identified. |  |

The above-mentioned is herewith recommended for appointment as External Examiner for the candidate referred to in Section A and has no associations with DCU that are in contravention of regulations*.*

Sign: Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**Head of School or Nominee** (A Nominee may be the Research Convenor or Deputy Head)

Countersignature[[4]](#footnote-4): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Print: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

1. **CURRICULUM VITAE - NOMINATED EXTERNAL EXAMINER(S)**

|  |  |
| --- | --- |
| **Title/Post-Nominals** |  |
| **First Name** |  |
| **Surname** |  |

|  |  |
| --- | --- |
| **Contact Address (Please include postal address in full)** |  |
| **Telephone** |  |
| **E-mail** |  |
| **Webpage** |  |

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| --- | --- |
| **Academic and Professional Qualifications** |  |

|  |  |  |
| --- | --- | --- |
| **List five publications of relevance to the area covered by the candidate’s research.** | | |
| **No.** | **Full Citation** | **Year of Publication** |
| **1** |  |  |
| **2** |  |  |
| **3** |  |  |
| **4** |  |  |
| **5** |  |  |

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| **If *all* of the most relevant publications (listed above) are more than 5 years old, please also provide some evidence of recent research activity.** |
|  |

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| --- | --- | --- |
| **Nature and extent of experience of supervising or examining research candidates**  Please indicate experience relative to the candidate’s award for examination, by ticking the relevant boxes below: | | |
| Principal supervision of research candidates to completion | Yes **❒** | No **❒** |
| Joint supervision of research candidates to completion | Yes **❒** | No **❒** |
| Examination of research candidates | Yes **❒** | No **❒** |
| **In the case where the nominated External Examiner does not have experience in supervision and/or examination at this level, please elaborate on any related professional experience and their suitability to act in this capacity:** | | |

1. **NOMINATED INDEPENDENT CHAIRPERSON**

(Required in the case of a PhD or Professional Doctorate)

*A Chairperson should be experienced in doctoral supervision, and normally have supervised a student to completion.*

*The Independent Chairperson should be appointed by the Head of School in consultation with the candidate’s Supervisor.*

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| --- | --- |
| **Title/Post-Nominals** |  |
| **First Name** |  |
| **Surname** |  |
| **School** |  |
| **Telephone Ext.** |  |

**Note: Please ensure a typed 300-word abstract has been appended to the form, prior to submission to Registry.**

**Data Protection Notice**

Personal information that you submit to Registry in connection with any service provision will be treated in accordance with the Registry Data Protection Notice, which can be viewed at the following website address: <https://www.dcu.ie/registry/data-protection-notice.shtml>

1. [Guidance on Thesis formats is available to view on Section 9 of the Academic Regulations for Postgraduate Degrees by Research and Thesis.](https://www.dcu.ie/registry/regulations/postgraduate_regulations.shtml) [↑](#footnote-ref-1)
2. Where a viva voce examination will be held, gender mix may be attained, where necessary, through the appointment of the Independent Chairperson. [↑](#footnote-ref-2)
3. Where the Principal Supervisor is also the Head of School, a countersignature is required (e.g. by a Research Convenor or Deputy Head of School) [↑](#footnote-ref-3)
4. Where the Principal Supervisor is also the Head of School, a countersignature is required (e.g. by a Research Convenor or Deputy Head of School) [↑](#footnote-ref-4)