



CURRENT ACADEMIC YEAR 2019 / 2020

E-THESIS SUBMISSION DECLARATION FORM

Section 9.2.3 of the Academic Regulations for Postgraduate Degrees by Research and Thesis states that the electronic copy shall be uploaded to a secure web space (DORAS) by the Principal Supervisor. The Candidate and Principal Supervisor are required to sign a PGR12 declaration form confirming that an e-version of the approved thesis has been submitted to the Library.

Instructions for depositing a thesis (for Principal Supervisor):

In order to deposit a thesis please go to <http://doras.dcu.ie/theses/deposit.html> and follow the step-by-step guide for depositing a thesis. Should you have any queries about this procedure please contact Fran Callaghan, DORAS Manager, DCU Library at doras@dcu.ie.

A. CANDIDATE DETAILS (To be completed by the candidate)

| | |
|--|---|
| Name of Candidate | |
| Student ID Number | |
| Title of Award Sought (please tick as appropriate) | DBA <input type="checkbox"/> DMusPerf <input type="checkbox"/> DPpsych <input type="checkbox"/> EdD <input type="checkbox"/> PhD <input type="checkbox"/> LLM <input type="checkbox"/> MPhil <input type="checkbox"/> MA <input type="checkbox"/> MBS <input type="checkbox"/> MEd <input type="checkbox"/> MEng <input type="checkbox"/> MSc <input type="checkbox"/> |
| Title of Thesis | |
| School | |

| |
|--|
| STUDENT DECLARATION |
| I hereby confirm to Dublin City University that an e-version of my thesis has been submitted, details of which are given in this form. |
| Sign: _____ Print: _____ Date: _____ Student |

B. STUDENT CONTACT DETAILS

| | |
|-----------------------|--|
| Contact No. | |
| Postal Address | |

C. E-THESIS ITEM NUMBER & PRINCIPAL SUPERVISOR DECLARATION (To be completed by Principal Supervisor)

| | | | |
|---|--|---------------------|--|
| Date of Submission of E-Thesis: | | Item ID No.: | |
| I hereby confirm that the above candidate has submitted an e-version of the approved thesis and I have uploaded this copy to DORAS. | | | |
| Sign: _____ Print: _____ Date: _____ Principal Supervisor | | | |

Please tick to indicate if a period of restriction has been requested and if a PGR8 form has been submitted to Registry.



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