**INTENTION TO SUBMIT FORM**

Version date: January 2021

**Instructions**

Please use this form to notify the University of Divinity of your intention to submit your thesis.

* Doctoral candidates should submit this form **THREE MONTHS** before the intended submission date.
* Masters candidates should submit this form **TWO MONTHS** before the intended submission date.

Once the candidate has completed the **FIRST** part of this form, the supervisor is to complete the **SECOND** part (nomination of examiners). Supervisors may discuss the names of potential examiners with candidates, however the names of the examiners appointed by the University are not to be revealed to the candidate until the examination process is complete.

**PLEASE NOTE:** There must be no communication, under any circumstances, between candidates and examiners, or potential examiners. Any such communication is strictly prohibited and may result in the student’s candidature being jeopardised.

Information on the formatting for presentation of a thesis for submission is available on the University website at the link below:

<https://divinity.edu.au/sgr/current-research-students/>

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| **Personal details** | | | | | | | | |
| Name |  | | | | | | | |
| Student ID |  | | | | | | | |
| College |  | | | | | | | |
| Principal Supervisor |  | | | | | | | |
| Associate Supervisor |  | | | | | | | |
| Degree *(tick one)* | MPhil |  | MTheol |  | PhD |  | DTheol |  |
| Thesis title |  | | | | | | | |
| Discipline(s) relevant to thesis |  | | | | | | | |
| Expected date for submission of thesis |  | | | | | | | |

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| **Abstract**  Please provide below an abstract of your thesis of no more than 300 words. This will be used to assist in the identification and appointment of examiners. |
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| **Student Certification**  I have noted that I must not attempt to communicate with my examiners or potential examiners. I understand that failing to adhere to this requirement will have serious consequences and may jeopardise my candidature. | | | | |
| Candidate's Signature |  | Date |  |
| Principal Supervisor's  Signature |  | Date |  |
| Research Coordinator's Signature |  | Date |  |

**NOMINATION OF EXAMINERS**

**Instructions**

This section is to be completed by the supervisor after discussion with the candidate.

The University of Divinity is committed to pursuing the highest standards in teaching and research in Christian theology and ministry, and to being an exemplar of ecumenical cooperation. The University therefore seeks to ensure that all of its Higher Degrees by Research are examined according to recognised standards of rigour and transparency. Supervisors are asked to nominate the best examiners possible within the relevant field(s), both within Australia and overseas, seeking to ensure an appropriate balance of factors, such as ecclesial traditions, whenever possible.

1. Up to five qualified and suitable examiners should be nominated, in order of preference.

2. Examiners should be **external to the University**, unless compelling circumstances suggest otherwise. These circumstances should be specified.

3. If the supervisor is aware that a person has a conflict of interest with the role of examiner, that person should not be nominated as a potential examiner.

4. The candidate has the right to request the exclusion of any person(s) from being an examiner.

5. If the supervisor wishes to make a nomination that does not conform to these guidelines, comments should be added giving reasons for this.

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| **Examiner 1 *(Please provide list of publications for past five years. If the nominee is not currently research active please provide a rationale for nomination)*** | |
| Name |  |
| Institution |  |
| Email address |  |
| Postal address |  |
| Telephone |  |
| Comments (e.g. field of expertise) |  |
| **Examiner 2 *(Please provide list of publications for past five years. If the nominee is not currently research active please provide a rationale for nomination)*** | |
| Name |  |
| Institution |  |
| Email address |  |
| Postal address |  |
| Telephone |  |
| Comments (e.g. field of expertise) |  |
| **Examiner 3 *(Please provide list of publications for past five years. If the nominee is not currently research active please provide a rationale for nomination)*** | |
| Name |  |
| Institution |  |
| Email address |  |
| Postal address |  |
| Telephone |  |
| Comments (e.g. field of expertise) |  |
| **Examiner 4 *(Please provide list of publications for past five years. If the nominee is not currently research active please provide a rationale for nomination)*** | |
| Name |  |
| Institution |  |
| Email address |  |
| Postal address |  |
| Telephone |  |
| Comments (e.g. field of expertise) |  |
| **Examiner 5 *(Please provide list of publications for past five years. If the nominee is not currently research active please provide a rationale for nomination)*** | |
| Name |  |
| Institution |  |
| Email address |  |
| Postal address |  |
| Telephone |  |
| Comments (e.g. field of expertise) |  |

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| **Exclusion of examiners**  If the candidate requests that a person or persons *not* be appointed as examiners, please provide details below. |
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| **Supervisor Statement**  I nominate the persons listed above as qualified and suitable examiners for this thesis, in the order in which I have listed them. I am not aware of a conflict of interest that would compromise any of these persons in acting as examiners. | | | | |
| Principal Supervisor's  Signature |  | Date |  |
| Research Coordinator's Signature |  | Date |  |

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| --- | --- | --- | --- |
| ***Office of the Vice-Chancellor use only*** | | | |
| Date received |  | Date approved |  |

**Please submit the completed form by email to:**

Registrar, School of Graduate Research at [skashyap@divinity.edu.au](mailto:skashyap@divinity.edu.au)