Australian Catholic University
Brisbane Sydney Canberra Ballarat Melbourne

ACU National

**SCHOOL OF ARTS AND SCIENCES (NSW)**

**APPLICATION FOR THESIS EXAMINATION**

**SECTION A: Student, Thesis & Supervisor Details (BLOCK LETTERS)**

**Surname** …… **Given Name(s)** ……

**Student Number:** ..... **Campus at which enrolled:** .....

**Course Title:**..…… **Major Study Area (where applicable):** ……..

**Type of thesis:** ***(Please ✓ appropriate box)***

**MASTER'S:** **Research Project** ☐ (10 or 20 credit points) **Master's Minor Thesis** ☐ (30 or 40 credit points) **Master's Major Thesis** ☐ (≥ 50 credit points) **Honours Thesis** ☐

**Title of thesis:** .....……

……

**Principal Supervisor:** ..... **Thesis Submission Statement lodged:** **Yes** ☐ **No** ☐

**SECTION B: Appointment of Examiners**

| | Title | Name | Address | Telephone and Fax Nos | Area of Expertise |
|---|---|---|---|---|---|
| **1.** | | | | | |
| **2.** | | | | | |

**Examiners Approved:** **Yes** ☐ **No** ☐ **Name:** .....
**(**Chair, Research, Honours and Postgraduate Committee)

**Date Tabled at School Committee:** ..... **Signature:** .....……

**SECTION C: Office Use Only - School of Arts and Sciences**

| | | | |
|---|---|---|---|
| **Thesis forwarded to Examiner 1:** | **(Date):** | **Deadline for return of Thesis:** | **(Date):** |
| **Payment of Examiner's fee arranged:** | **(Date):** | **Date Thesis returned:** | **(Date):** |
| **Thesis forwarded to Examiner 2:** | **(Date):** | **Deadline for return of Thesis:** | **(Date):** |
| **Payment of Examiner's fee arranged:** | **(Date):** | **Date Thesis returned:** | **(Date):** |