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**SUBMISSION OF THESIS FORM**

This form MUST be completed at the time a research degree thesis is sent to [rda@liverpool.ac.uk](mailto:rda@liverpool.ac.uk) for submission to the Examiners. Failure to submit this form may mean that you will not be able to graduate at the next ceremony, and that a Registration Fee may become payable for the following session.

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| **Section A- to be completed by the student** | | | | | |
| **Student Name** |  | | | | |
| **Student ID** |  | | | | |
| **School/ Institute/ Department** |  | | | | |
| **Faculty** |  | | | | |
| **Degree** | PhD MPhil MD Other:\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |
| **Supervisor(s)** |  | | | | |
| **Title of the thesis** |  | | | | |
| **Date of viva examination**  (if known) |  | | | | |
| I confirm:   * I have checked my contact details are correct on Liverpool Life   *Academic Honesty Declaration*  I confirm that:   * I have read and understood the University’s PGR Policy on Plagiarism and Dishonest Use of Data (Appendix 4 of the PGR Code of Practice). * I have acted honestly, ethically and professionally in conduct leading to assessment for the programme of study. * I have not copied material from another source nor committed plagiarism nor fabricated, falsified or embellished data when completing the attached material. * I have not copied material from another source, nor colluded with any other student in the preparation and production of this material. * If an allegation of suspected academic malpractice is made, I give permission to the University to use source-matching software to ensure that the submitted material is all my own work. | | | | | |
| **Signed** | | |  | **Date** |  |
| **Section C – to be completed by the Research Degree Administration Team** | | | | | |
| Checked Submission deadline | | **Initials** |  | **Date** |  |
| Electronic Thesis Received | | **Initials** |  | **Date** |  |
| ITS Received | | **Initials** |  | **Date** |  |
| Banner Updated (THES) | | **Initials** |  | **Date** |  |