

STATEMENT OF INTENT TO SUBMIT MASTER OF PSYCHOLOGY

GS01



THE UNIVERSITY OF
MELBOURNE

SECTION 1: FOR COMPLETION BY THE CANDIDATE

NOTE: This form should be submitted 1 month prior to submission
The examination process can proceed once this completed form has been lodged

Student No: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
Dr/Mr/Mrs/Ms/Miss/Other: _____ Family Name: _____ Given Name(s): _____
Stream: <input type="checkbox"/> Clinical <input type="checkbox"/> Neuro <input type="checkbox"/> Child Clinical
Final Thesis Title: _____

I intend to submit my thesis around the following date ____ / ____ / ____

SIGNATURE OF CANDIDATE _____

DATE ____ / ____ / ____

SECTION 2: FOR COMPLETION BY THE SUPERVISOR

The above student will be ready to submit their thesis around the date indicated

Yes No

SIGNATURE OF SUPERVISOR _____

DATE ____ / ____ / ____

- OFFICE USE ONLY -

COPY TO Student Supervisor File **DATE:** ____ / ____ / ____