

STATEMENT OF INTENT TO SUBMIT MASTER & DOCTOR OF PSYCHOLOGY

GS01

SECTION 1: FOR COMPLETION BY THE CANDIDATE

Please submit with an 80 word summary.

NOTE: This form should be submitted 3 months prior to submission
The examination process can proceed once this completed form has been lodged

Student No:							
Dr/Mr/Mrs/Ms/Miss/Other:	_____	Family Name:	_____	Given Name(s):	_____		
Course:	<input type="checkbox"/> Master of Psychology	<input type="checkbox"/> Doctor of Psychology	Stream:	<input type="checkbox"/> Clinical	<input type="checkbox"/> Neuro	<input type="checkbox"/> Org/Ind	<input type="checkbox"/> Forensic
				<input type="checkbox"/> Health	<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:** ____ / ____ / ____

80 Word Summary Submitted Not Submitted