**UNIVERSITY OF ESSEX**

**POSTGRADUATE RESEARCH EDUCATION TEAM**

**APPROVAL OF THESIS TITLE**

To be completed at least **three months prior to submission**

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| **CANDIDATE’S DETAILS** |
| First name |  | Last name |  |
| Department | Choose an item. | Registration number |  |
| Qualification sought | Choose an item. |

Please note that we will use your Essex email address to send you important correspondence relating to the examination of your thesis. Please ensure that you keep your Essex email account active at all times.

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| THESIS TITLE  |

**[ ]** I have consulted my supervisor about the submission of my thesis for the research degree indicated

above and I would like to give notice of the final title of my thesis as follows:

*Please type clearly using sentence case, maximum length including spaces should not exceed 250 characters*

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**THIS IS THE TITLE THAT SHOULD APPEAR ON THE TITLE PAGE OF THE THESIS YOU SUBMIT FOR EXAMINATION. YOUR TITLE SHOULD NOT CHANGE FOLLOWING SUBMISSION OF THIS FORM.**

**[ ]** I confirm that I have read the Regulations regarding thesis presentation, especially those requiring a

summary of the work of up to 300 words and indicating the maximum length of the thesis.

**[ ]**  I confirm that I have the required, or do not require, University of Essex ethical approval for the research conducted as part of my research degree and contained within this thesis.

**[ ]** I understand that the University does not guarantee that degree conferment will take place in time for attendance at the next Graduation Ceremony.

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| EMBARGO REQUESTS |

Following successful completion of the examination process, your thesis will need to be uploaded to the University’s [Research Repository](https://www.essex.ac.uk/student/postgraduate-research/uploading-thesis-to-repository). In rare cases, it may be necessary to restrict access to a thesis. For example, if your thesis content may endanger study participants / authors, or you are intending to produce a novel or literary work using your thesis. If you would like to learn more about this, please visit our [Preparing to submit your thesis](https://www.essex.ac.uk/student/postgraduate-research/preparing-to-submit-thesis) webpage, where you will also find the Embargo Request Form. Please note that embargo requests must be submitted for approval **before** your thesis is submitted for examination, preferably together with this Approval of Title form. Post-examination requests will only be considered in exceptional cases.

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| DECLARATION |

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| My submission is *(select one)*: | A monograph thesisA [Thesis as a Series of Papers](https://www.essex.ac.uk/student/postgraduate-research/thesis-as-a-series-of-papers)A [Practice as Research](https://www.essex.ac.uk/-/media/documents/about/governance/policy-postgraduate-research-practice-as-research.pdf) project | **[ ]** **[ ]** **[ ]**  |
| My intended date of submission is: | **SELECT DATE** |
| Candidate’s signature: |  | Date | **SELECT DATE** |

***Please submit your form to your supervisor for the first stage of departmental approval.***

***For the departmental section, please see next page.***

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| **TO BE COMPLETED BY THE DEPARTMENT** |
| I confirm that: | 1. I approve the above final title of this candidate’s thesis as it reads, and that no mistakes (including spelling errors) have been made.
2. The correct format of submission (monograph / thesis as a series of papers / practice as research project) has been selected by the candidate.

*And either –* 1. The necessary examiners have been identified, approached and the nomination process is underway or complete.

*or* 1. The necessary examiners are being considered and will be identified, approached and the nomination process will be completed before the candidate is due to submit.
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| **Examiner Information** *(if known)* |
| Nomination of Examiners Portal Requisition reference (e.g. REQ1234) |  |
| Internal Examiner: |  |
| External Examiner:  |  |
| Second External Examiner (Staff Candidates): |  |
|  |
| Supervisor’s signature |  | Date | **SELECT DATE** |
| PGR Director / Head of Department’s signature |  | Date | **SELECT DATE** |

***Following departmental approval, please return the completed form to the PGRE Team by email:*** ***pgresearch@essex.ac.uk***

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| **PGRE TEAM USE ONLY** |
| Staff check sent on: | **SELECT DATE** | Registered:  | YES | NO |
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