Higher Degrees by Research

REVISIONS TO HDR THESIS - TABLE OF AMENDMENTS

Following advice regarding the Outcome of Examination, this Table of Amendments must be completed by the Candidate, signed by the Principal Supervisor and submitted to the College with the revised thesis.

Name of Candidate:

In revising my thesis, I have responded to all comments raised by the Examiners and College, as outlined in the table below :

|  |  |  |  |
| --- | --- | --- | --- |
| **Examiner Comments** | **Candidate’s Response to Examiners** | **Changes Made** | **Page Numbers** |
| **EXAMINER 1:** | *Briefly summarise the comment made by the Examiner that you are responding to*(Formatting Tip: To tab within a table cell press ‘ctrl’ + ‘tab’ keys) | *Eg. Accepted; Rejected; Agreed; Disagreed* | *Brief justification for response. If a great deal of space is required, attach a separate page identifying which Examiner and Comments you are responding to* | *Thesis Page(s) changes can be located on* |
|  |  |  |  |
| **EXAMINER 2:** |
|  |  |  |  |
| **EXAMINER 3:** |
|  |  |  |  |
| **ADDITIONAL AMENDMENTS** *(Briefly summarise any other amendments that have been made to the revised version of the thesis and why. Eg. Compliance with Presentation Guidelines, College Recommendations)* |
|  |  |  |  |

Signature of Candidate: Date:

**SUPERVISOR’S ENDORSEMENT**

I have checked this Table of Amendments and the revised thesis against the College Panel recommendations and Examiners’ Reports and agree that the Candidate has appropriately responded to the matters raised by the Examiners and has completed the necessary requirements for resubmission.

Name of Supervisor:

Signature of Supervisor: Date:

**COLLEGE RECOMMENDATION TO THE DEAN OF GRADUATE STUDIES**

I have checked this Table of Amendments and the revised thesis against the College Panel recommendations and Examiners’ Reports and RECOMMEND / DO NOT RECOMMEND that the Candidate proceed to completion and lodgement of the thesis.

Name of College Dean/ Delegate:

Signature of College Dean/ Delegate: Date:

**DEAN OF GRADUATE STUDIES ENDORSEMENT**

I RECOMMEND / DO NOT RECOMMEND that the Candidate proceed to completion and lodgement of the thesis.

Name of Dean of Graduate Studies:

Signature of Dean of Graduate Studies: Date:

Comments (if any):