



**4 - RECOMMENDATION FOR EXAMINATION**

I recommend that the thesis be examined:

Title	Name	Signature	Date
Principal supervisor			
Associate supervisor			
Associate supervisor			

I do not recommend that the thesis be examined:

Title	Name	Signature	Date
Principal supervisor			
Associate supervisor			
Associate supervisor			

**5 - STATEMENT FROM THE COLLEGE**

I support the lodgement of the thesis for examination under the University rules for Higher Degrees.

College Associate Dean Research	Signature	Date
<input type="text" value="NAME"/>	<input type="text" value="SIGN HERE"/>	<input type="text" value="D D / M M / Y Y Y Y"/>

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