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| ***PLEASE NOTE*** | * ***This form must be typed. Handwritten forms will not be accepted.*** * ***Double-clicking on the check boxes enables you to change them from not-checked to checked.*** * ***This form should be completed by the student and the nominee(s) appointed by the examination panel to oversee any amendments*** * ***The examination panel or exam board will nominate who will sign off amendments – normally this will be the supervisor*** * ***The nominee(s) signing off amendments for master’s and honours students should forward this form to their Faculty Postgraduate Office*** * ***The nominee(s) signing off amendments for doctoral and MPhil students should forward this form to the Graduate Research School, AUT, Level 5, WU Building, 46 Wakefield Street, City Campus –*** [***docexams@aut.ac.nz***](mailto:docexams@aut.ac.nz) | | | | | | | | |
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| **Student ID** | |  | | **Name** | | |  | |
| **Faculty** | | Choose a Faculty | | **School/Dept** | | |  | |
| **Programme** | |  | |  | | | | |
| **Research Component** | | Choose an item. | | **Points Value** | | |  | | |
| **Has your title changed since you submitted for examination?** | | | **Yes** | |  | | **No** |  | |
| **Title (Final Title)** | |  | | | | | | |
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| **I hereby confirm that the changes required by the examiners have been carried out.** | | | | | | | | |
| **Student’s Signature** | |  | | **Date** | |  | | |
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| certification of Nominee | | | | | | | | |
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| **Name** | |  | |  | | | | |
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| **I certify that the changes as required by the examiners have been successfully completed to my satisfaction.** | | | | | | | | |
| **Signature** | |  | | **Date** | |  | | |
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| **Signature** | |  | | **Date** | |  | | |
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