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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***
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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)** |  |
|  |
| **I hereby confirm that the changes required by the examiners have been carried out.** |
| **Student’s Signature** |  | **Date** |  |
|  |  |
| certification of Nominee |
|  |
| **Name** |  |  |
|  |
| **I certify that the changes as required by the examiners have been successfully completed to my satisfaction.** |
| **Signature** |  | **Date** |  |
|  |
| certification of additional Nominee |
|  |
| **Name** |  |  |
|  |
| **I certify that the changes as required by the examiners have been successfully completed to my satisfaction.** |
| **Signature** |  | **Date** |  |
|  |
| certification of additional Nominee |
|  |
| **Name** |  |  |
|  |
| **I certify that the changes as required by the examiners have been successfully completed to my satisfaction.** |
| **Signature** |  | **Date** |  |
|  |