



**DECLARATION CONCERNING THE THESIS PRESENTED FOR THE DEGREE
OF**

**Programme
Name**

I **(full name)**

Student ID

declare in relation to the thesis entitled:

.....
.....

_____ **That the work was done by me, personally**

or

_____ **That the thesis contains co-authored work**

and

_____ **The material has not previously been accepted in whole, or in part, for
any other degree or diploma**

and

_____ **The thesis has been checked for plagiarism**

Signature: **Date:**

***Please present this separate hand-signed form when you present your soft-bound copies for
marking***

Doctoral theses should be submitted to the Graduate Research School, or Christchurch/Wellington
School of Medicine (if appropriate).

Masters theses should be submitted to your primary Department.