**Confirmation on the Ph.D. Register**

This ***Confirmation Form*** must be submitted to the Dean of Graduate Studies Office at [Genadgso@tcd.ie](mailto:Genadgso@tcd.ie) for every student accepted directly to the Ph.D. register, normally within the first 18 months of the student’s registration.

This ***Confirmation Form*** must be submitted to the Dean of Graduate Studies Office, Arts Building, Trinity College, Dublin 2 for every student accepted directly to the Ph.D. register, normally within the first 18 months of the student’s registration.

I seek the Dean’s approval for confirming the following student on the Ph.D. register:

Name (in CAPITALS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I.D. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date when entered College on the Ph.D. register year 1:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date when Ph.D. *Confirmation Process* has been completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

State month and year of the student’s intended Ph.D. thesis submission date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor’s name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thesis Committee members signatures: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I would like to confirm that the ***Confirmation Process*** has been completed as a result of an academic assessment carried out in the School with respect to the student.

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Teaching & Learning (Postgraduate) (Signature): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Teaching & Learning (Postgraduate) (Name): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of submission to the Graduate Studies Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of approval:\_\_\_\_\_\_\_\_ Dean of Graduate Studies\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Prof. Martine Smith