For Office Use Only (GSA) Restricted access to viva approved?	Yes / No	
Time Specific viva required?	Yes / No	Date required by: / /
Thesis title on eVision matches title on GSC		Date required by: / /
	.5 🖬	CCA Asknowledged:
Thesis submitted / due to be submitted on:	/	GSA Acknowledged: (Initials)



APPLICATION FOR APPOINTMENT OF EXAMINERS

(D.Phil., M.Litt. M.Sc. By Research)

Candidates should read the notes entitled 'Notes of Guidance for Research Examinations' (GSO.20a) before completing this form and should return it to the relevant Graduate Studies Assistant (*please refer to* www.ox.ac.uk/students/academic/guidance/graduate/contacts for contact details) prior to thesis submission. The thesis should be submitted separately to the Examinations School. DPhil students: Confirmation of Status must be complete prior to the exam process commencing.

SECTION 1 - to be completed by the candidate. Please use BLOCK CAPITALS in all sections except 'Title of thesis'.

Surname:	Rainforth					Title (Mr/Mrs/Miss/M	s/etc):	Mr	
First Name (in full):	Thomas					Student Number:		761710	
College:	Wolfson			Department:		Engineering Science)		
Award for which you wish to submit your thesis: (i.e.: DPhil/MSc By Research/MLitt) DPhil									
Address for correspondence (after submission of thesis): 45 Harbord Road, Oxford, OX28LH									
Telephone Number:		774665	6915						
Email Address - email communications from the Examination Schools relating to the examination of your thesis will be directed to your primary email, as indicated on Student Self Service. Please log in at www.evision.ox.ac.uk/ to check or amend your contact details.									
Title of thesis: This is	the title that w	vill appear o	n your thesis an	d transcript. (Pleas	e print clea	rly including any desired cap	italisation,	punctuation,	etc)
Automating Inference, Learning, and Design									
Please indicate wheth	ner you are	e request	ing a chang	e of thesis title	:		☐ Ye	es 🗸	No
If Yes , please state ye (Please note: if you are rec					also subm	nit a separate GSO.6 (Char	nge of title) form)	
Where submission of you have received ap							☐ Ye	s 🗹 l	No
Research Council-funded candidates: If you are requesting a change of topic, rather than an amendment to your existing title, please confirm that you have consulted with your funding body and received approval: (If Yes, please attach any relevant documentation) (If you are an AHRC-funded student requesting a change of topic that has not yet been approved, you should contact the AHRC Studentships Officer now: ahrccomp@admin.ox.ac.uk)									
☐ Yes									
		lo	Name of fur	nding body:					

SECTION 2 – statements to be completed by the candidate.

Please complete as appropriate in each case and supply details on a separate sheet if necessary (please note that copies of any separate sheets will be sent to your examiners, along with your thesis).

2.1 Statement of previous acceptance or concurrent submission of thesis for degree (please tick one box only)					
	No part of my thesis has been accepted or is currently being submitted for any degree, diploma or certificate or other qualification in this University or elsewhere.				
	I attach on a separate sheet details of which part of my thesis has been accepted or is concurrently being submitted for a qualification in this University or elsewhere and I confirm that these are full and accurate. (Please attach THREE copies)				

GSO.3							
2.2 Statement	of authorship (please tick	one box only)					
	I confirm that the thesis I ar	m submitting is wholly m	ny own wo	rk.			
Ø	I attach on a separate shee THREE copies)	et details of which parts	of my thes	sis are not my	own work	(. (Pleas	e attach
2.3 Sensitive	content						
	I have identified content in party and will take appropri						
2.4 Statement	of thesis length						
the approximate submission of	uld check the regulations made number of words in their thesis the thesis and the GSO.3 and out approval, may be returned	s. Permission to exceed to a copy of the approval I	the word/p	age limit must	be sough	it prior to	the
Number of wor	rds/pages:	250					
2.5 Transfer o	f Status						
Term transferre	ed from PRS to D.Phil., M.Li	tt. or MSc by	Michaelr	mas 2015			
	ion of Status (for D.Phil. Ca	• •					
	you must have completed your (e submittin	g your thesis.			
	tatus confirmed:	Trinity 2017					
SECTION 3 – s	ubmission details to be com	pleted by the candidate					
3.1 Submission	on of thesis and abstract -	please read carefully th	e notes a	ccompanying t	this form	(GSO.20	a)
Please indicate	e when your thesis and abst	ract will be submitted. P	lease tick	one box onl	y:		
	(a) Two copies of my thesis Examinations School on:	and of the abstract we	re submitt	ed to the	1	'	1
_	(b) Two copies of my thesis Examinations School before	_	be delive	red to the	07	/ 10	/ 17
	Note: this date may not be lat being submitted. For clarificati academic/guidance/graduate/	on consult the relevant Gr					
3.2 Resubmis	sion fee – no fee is payable	on initial submission					
Are you resub	mitting your thesis?					Yes	☑ No
A fee is payable on resubmission of a thesis and payment should be made online (http://tinyurl.com/8wj2cvt) as soon as you receive notification that YOUR application for appointment of examiners HAS BEEN approved. Information on fees can be found at http://www.ox.ac.uk/students/academic/exams/research. Please note that YOUR THESIS WILL NOT BE SENT TO YOUR EXAMINERS until the resubmission fee has been paid.							
Please check that where necessary to copies will be desi- I understand that student administrathesis can be included of libraries and of	F CANDIDATE: you have completed all relevant o enquire whether you would like troyed. information provided on this for ation subject to the Provisions of uded in the publication of succeiver academic institutions in Eur	e the examiners' copies of y rm will be held on the Univ of the Data Protection Act essful candidates for resea rope, Canada and the USA	our thesis rersity's adm (1998) and arch degree	returned. If you o ministrative com I agree that if s	lo not resp puter syste uccessfully	ond withir em for the y defende	n 6 months, the e purposes of ed details of my
Signature:				Date:	01/09/17	7	

Please also ensure that the following sections are completed by your supervisor and college before the form is returned to the relevant Graduate Studies Assistant - (please refer to www.ox.ac.uk/students/academic/guidance/graduate/contacts/ for contact details).

Statement by the supervisor

candidate has made in SECTION 1 of this form.

SECTION 4 – to be completed by the supervisor in consultation with the candidate. (BLOCK CAPITALS)

1. I have consulted with the candidate as required above. I support any application for change of thesis title which the

2. I certify that the candidate named above has pursued at Oxford the required course of research for the

The supervisor is required to consult with the candidate concerning possible examiners, and to forward to the relevant board the names of suggested examiners together with details of any special considerations which the candidate or supervisor wishes to make known about any potential examiners. Where supervisors have other points about the thesis or examination which they wish to put to the board for possible communication to examiners, they are asked to do so on a separate sheet.

	following number of below	lowing number of terms in accordance with the provisions of the Examinations Regulations stated slow						
		s for D.Phil. (3 terms if nimum of 3 terms for N	candidate holds Oxfor 1.Sc.by Research.	d M.Litt., M.Sc., o	or M.Phil.). Min	imum of 6		Terms
3.	I have checked and any of the categorie	I confirmed that the no	ominated external exan at may be deemed cor	niner (and the res	serve) does no	ot fall into		
	Two examiners a	re required, normally	one internal examin	er and one exter	rnal examiner	(and one r	eserve for ea	ch).
FIF	RST CHOICE EXAM	INERS						
Int	ernal examiner:					Informally	invited?	
Fu	Il name (including titl	e and forename):	Prof Stephen Roberts	3				
Со	llege (where applica	ble)	Somerville College					
Sta	atement of Suitability	/Additional Information	n (Oriental Studies req	uirement/Optiona	l)			
۸ ۵	droop:							
Ad	dress:							
		Quantitative Finance	2 650					
La	gie House, Walton V	Vell Road, Oxford. OX	Z OLD					
Tel	ephone number:	+44 (0)1865 616626		Email address:	sjrob@robots	.ox.ac.uk		
Ex	ternal examiner:					Informally	invited?	
Fu	Il name (including titl	e and forename):	Prof Mark Girolami		,		'	
Cu	rrent position held:		Chair in Statistics, Im	perial College Lo	ndon			
Sta	atement of Suitability	/Additional Information	n (Oriental Studies req	uirement/Optiona	l)			
Ad	dress:							
53	9 Huxley Building	l						
	uth Kensington Cam nsington, London SV	ipus, Imperial College N7 2AZ	London					
Tel	ephone number:	+44 (0)20 7589 5111		Email address:	m.girolami@i	mperial.ac.ι	ık	

SECOND CHOICE EXAMINERS							
Internal examiner (res	serve):				Informally invited?		
Full name (including titl	le and forename):	Dr Sam Staton					
College (where applicable): Jesus College							
Statement of Suitability	/Additional Information	n (Oriental Studies req	uirement/Optiona	l)			
Address:							
Room 421, Department of Computer Science Wolfson Building, Parks Road Oxford OX1 3QD							
Telephone number:	+44 (0)1865 (2)7389	3	Email address:	sam.staton@)cs.ox.ac.uk		
External examiner (re	serve):				Informally invited?		
Full name (including titl	le and forename):	Dr José Miguel Herna	ández-Lobato			•	
Current position held:		University Lecturer in Cambridge	n Machine Learnin	ıg, Departmen	t of Engineering, Universit	ty of	
Statement of Suitability	/Additional Information	n (Oriental Studies req	uirement/Optiona	l)			
Address:							
Department of Engineering University of Cambridge Trumpington Street Cambridge CB2 1PZ, UK							
Telephone number:	+44 12237 62363		Email address:	jmh233@car	m.ac.uk		

Supervisor:						
Full name (includin	g title and forename):	tle and forename): Dr Frank Wood				
Address for corresp	Address for correspondence:					
IEB 20.03, Dept. of Engineering Science University of Oxford Parks Road Oxford OX1 3PJ						
Email address:	fwood@robots.ox.ac.uk					
Signature:			Date:	01/09/2017		

GSO.3				
Joint supervisor ((if applicable): If you have further supervis	sors please attach d	etails on a s	separate sheet.
Full name (includin	ng title and forename):		Dr Michae	l Osborne
Address for corres	pondence:			
	of Quantitative Finance n Well Road, Oxford. OX2 6ED			
Lagie Hodoe, Walter	TVOII NOUG, OXIOTA. OXZ GED			
Email address:	mosb@robots.ox.ac.uk			
	mosb@robots.ox.ac.uk		Data	
Signature:			Date:	
SECTION 5 – to be	completed by the college			
Does the college s	upport the application:		Yes	□ No
Comments on beh	alf of the college:			
		1		
Signature:		Date:		
Full name:		Position:		
Callege stamp.				
College stamp:				
	e reminded that where it is felt appropriate for			
	ers (where this would not prevent the candida cust be submitted by the college to the Proctors		ıva but might	t adversely affect his or her

SECTION 6 - to be completed by the Director of Graduate Studies (or equivalent)

I certify that this ap	plication has the approval of the candida	te's department	☐ Yes	☐ No
Signature:		Date:		
Full name:				
	se indicated, approval of this application will lendidate in SECTION 1.	oe taken to include app	roval of any change to thesi	s title which has
SECTION 7 – Restri	ction of access at the viva (to be comple	ted if appropriate)		
Restriction of acc	ess at the viva			
Physiological Scie attendance of any p subject to such con Applications should would put at risk co thesis, and provide	es in Biological Sciences, Clinical Medences, and Psychological Studies, a caperson or all persons at an viva (other the ditions as the Proctors may impose. I indicate the reason for the request, e.g. infidential material or invalidate an applicate sufficient information for an informed judid be supported by the supervisor.	andidate, supervisor on the candidate and that the presence of ation for a patent on	or department may reque the examiners) should be someone other than the a product or process cove	st that the e forbidden or examiners ered by the
I request that acces	ss to the viva should be restricted for the	following reason(s):	Please supply supplemer	ntary material
Signature:		Application made by:	☐ Candidate ☐ ☐ Head of Depar	Supervisor rtment
	lications made by the candidate:			
I support the above	application for the restriction of access t	o the viva for the foll	owing reason(s):	
Signature of supervisor:				

GSO.3. Revised July 2017

This form should <u>only</u> be completed and included in the GSO.3 where an examination result is required by a specific date, and for <u>exceptional circumstances</u>. The form should not be used to specify certain dates when an examination is preferred / not preferred – this should be negotiated directly in consultation with the examiners.

SECTION 8a – Application for Time Specific Examination

Applications can only be agreed for <u>exceptional reasons</u>, since the availability of examiners of national and international reputation is likely to be limited. Students and supervisors should not expect that applications for a time specific viva will be approved automatically.

Candidates may apply to the relevant board for the viva to be held not later than a certain date. Please note, the date cannot be earlier than one calendar month after the date on which the thesis has been received at the Examination Schools or after the plate on which the examiners have agreed to act, whichever is the later. Also the date will depend on the availability of the examiners. Date by when you wish to have your viva: Reason for request: (please continue on separate sheet if necessary) SECTION 8b – to be completed by the supervisor Supervisor's remarks: (please continue on separate sheet if necessary) Signature: Date: Full Name: SECTION 8c – to be completed by the Director of Graduate Studies (or equivalent) Approved: Date: Date: Date: Date: Pull Name:							
Reason for request: (please continue on separate sheet if necessary) SECTION 8b – to be completed by the supervisor Supervisor's remarks: (please continue on separate sheet if necessary) Signature: Date: Full Name: SECTION 8c – to be completed by the Director of Graduate Studies (or equivalent) Approved: Signature of Date:	earlier than one calendar month after the date on which the thesis has been received at the Examination Schools or after the date on						
SECTION 8b – to be completed by the supervisor Supervisor's remarks: (please continue on separate sheet if necessary) Signature: Date: Full Name: SECTION 8c – to be completed by the Director of Graduate Studies (or equivalent) Approved: Yes No Signature of Date:	Date by when you	wish to have your viva:					
Supervisor's remarks: (please continue on separate sheet if necessary) Signature: Date: Full Name: SECTION 8c – to be completed by the Director of Graduate Studies (or equivalent) Approved: Signature of DGS: Date:	Reason for request	t: (please continue on separate sheet if n	ecessary)				
Supervisor's remarks: (please continue on separate sheet if necessary) Signature: Date: Full Name: SECTION 8c – to be completed by the Director of Graduate Studies (or equivalent) Approved: Signature of DGS: Date:							
Supervisor's remarks: (please continue on separate sheet if necessary) Signature: Date: Full Name: SECTION 8c – to be completed by the Director of Graduate Studies (or equivalent) Approved: Signature of DGS: Date:							
Supervisor's remarks: (please continue on separate sheet if necessary) Signature: Date: Full Name: SECTION 8c – to be completed by the Director of Graduate Studies (or equivalent) Approved: Signature of DGS: Date:							
Supervisor's remarks: (please continue on separate sheet if necessary) Signature: Date: Full Name: SECTION 8c – to be completed by the Director of Graduate Studies (or equivalent) Approved: Signature of DGS: Date:							
Supervisor's remarks: (please continue on separate sheet if necessary) Signature: Date: Full Name: SECTION 8c – to be completed by the Director of Graduate Studies (or equivalent) Approved: Signature of DGS: Date:							
Supervisor's remarks: (please continue on separate sheet if necessary) Signature: Date: Full Name: SECTION 8c – to be completed by the Director of Graduate Studies (or equivalent) Approved: Signature of DGS: Date:							
Supervisor's remarks: (please continue on separate sheet if necessary) Signature: Date: Full Name: SECTION 8c – to be completed by the Director of Graduate Studies (or equivalent) Approved: Signature of DGS: Date:							
Supervisor's remarks: (please continue on separate sheet if necessary) Signature: Date: Full Name: SECTION 8c – to be completed by the Director of Graduate Studies (or equivalent) Approved: Signature of DGS: Date:							
Supervisor's remarks: (please continue on separate sheet if necessary) Signature: Date: Full Name: SECTION 8c – to be completed by the Director of Graduate Studies (or equivalent) Approved: Signature of DGS: Date:							
Signature: Date: Full Name: SECTION 8c – to be completed by the Director of Graduate Studies (or equivalent) Approved: Signature of DGS: Date:	SECTION 8b – to be	e completed by the supervisor					
Full Name: SECTION 8c – to be completed by the Director of Graduate Studies (or equivalent) Approved: Signature of DGS: Date:	Supervisor's remar	ks: (please continue on separate sheet if	necessary)				
Full Name: SECTION 8c – to be completed by the Director of Graduate Studies (or equivalent) Approved: Signature of DGS: Date:							
Full Name: SECTION 8c – to be completed by the Director of Graduate Studies (or equivalent) Approved: Signature of DGS: Date:							
Full Name: SECTION 8c – to be completed by the Director of Graduate Studies (or equivalent) Approved: Signature of DGS: Date:							
Full Name: SECTION 8c – to be completed by the Director of Graduate Studies (or equivalent) Approved: Signature of DGS: Date:							
SECTION 8c – to be completed by the Director of Graduate Studies (or equivalent) Approved: Signature of DGS: Date:	Signature:		Date:				
SECTION 8c – to be completed by the Director of Graduate Studies (or equivalent) Approved: Signature of DGS: Date:							
SECTION 8c – to be completed by the Director of Graduate Studies (or equivalent) Approved: Signature of DGS: Date:	Full Name:						
Approved: Signature of DGS: Date:							
Signature of Date:	SECTION 8c – to be completed by the Director of Graduate Studies (or equivalent)						
DGS:	Approved:			Yes		No	
Full Name:	Signature of DGS:		Date:				
	Full Name						

Regulations

GSO.3 (optional – Time Specific Examination Request)

Candidates may apply to the board of the faculty or department concerned for the oral examination to be held not later than a certain date, provided that this date shall not be earlier than one calendar month after the date on which the thesis has been received at the Examination Schools or after the date on which the examiners have agreed to act. whichever is the later. If the board is satisfied that there are special circumstances justifying this application, it will ask the examiners to make arrangements to enable the oral examination to be held within the period specified.

In such cases the examiners, when invited to act, will be informed that the candidate has asked that the oral examination should be held not later than a certain date, and acceptance of the invitation to examine will be on the understanding that they would seek to meet this request. If it is not practical to meet the student's request, then the board/department shall decide how to proceed.

Note: Students must ensure that they can be readily contacted by the Research Examinations Team so that, if examiners are unable to meet a request for a viva by a certain date, alternative arrangements can be discussed.

Where students wish to apply for a time-specific examination, the form and the application for the appointment of examiners (GSO.3) should be submitted <u>BEFORE</u> the thesis so that the necessary approvals can be given in good time.

GSO.3. Revised July 2017