**NOMINATION OF EXAMINER (NoE) FORM – for the degree of:**

* **M Med and M Dent** (*where ‘batch external’ process is active*)
* **To nominate the internal examiner only;**

To be completed by the Supervisor and approved by the Head of Division/Department/School

|  |  |  |  |
| --- | --- | --- | --- |
| Name Surname of candidate |  | | |
| Student number |  | | |
| Degree |  | | |
| **Research Topic** |  | | |
| Department |  | | |
| Telephone |  | E-mail |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor 1**  **(Name and Surname)** |  | | |
| Qualifications |  | | |
| Department |  | | |
| Telephone |  | E-mail |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor 2**  **(Name and Surname)** |  | | |
| Qualifications |  | | |
| Department |  | | |
| Telephone |  | E-mail |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Supervisor 3**  **(Name and Surname)** |  | | |
| Qualifications |  | | |
| Department |  | | |
| Telephone |  | E-mail |  |

**PLEASE NOTE:**

* **Only typed forms will be accepted**;
* **The names of the examiners are confidential**;
* **This form must be accompanied by the following documents**:
* Examiner CV template – for proposed internal examiner;
* Copy of Examiner’s CV – for proposed internal examiner;
* Copy of written agreement that the examiner is willing to assess this research – for proposed internal examiner (*for example: a copy of an email will suffice*);

1. **Internal Examiner** (**NB!!** an internal examiner is defined as anyone who has an affiliation with the University  
   this includes full-time, part-time, joint, honorary, emeritus and research appointments – this applies to both within the Faculty or any other faculty of the University):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Full name(s), surname and title | |  | | |
| Qualifications | |  | | |
| Department Address | |  | | |
|  | | |
| Telephone |  | | E-mail |  |

Motivation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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**I acknowledge that this examiner has had no involvement in this candidate’s research project.**

Supervisor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 (Signature) (Signature) (Supervisor)

**Disclosure: PLEASE INDICATE: YES / NO**

|  |  |  |
| --- | --- | --- |
| Has the examiner(s) been involved with this candidate’s research project? | Yes | No |
| Is the examiner(s) related to the supervisor(s) or to this candidate? | Yes | No |
| Has the examiner(s) co-authored publications with the supervisor(s) or with this Candidate? | Yes | No |
| Does the examiner(s) hold any grants in common with the supervisor(s) or with this candidate? | Yes | No |

**If the answer is yes to any of the above, please elaborate:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_   
 (Signature) (Signature) (Supervisor)

**\*HEAD OF DEPARTMENT / HEAD OF SCHOOL:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_** (Full name) (Signature) (Date)

***\*(Where the HoD is Supervisor or proposed examiner, the HoS must sign)***

***Important:***

* ***Incomplete forms will not be accepted by the PG Office and will be returned to the supervisor(s).***
* ***Please submit the form only if it is complete and all accompanying documents are attached.***

|  |  |  |
| --- | --- | --- |
| **FOR PG OFFICE USE** **– Checklist** | | |
|  |  |  |
| Student’s details and title noted and completed | **Yes** | **No** |
| Supervisor’s details noted and completed | **Yes** | **No** |
| Internal Examiner’s details, qualifications, address and contact details noted and completed | **Yes** | **No** |
| External Examiner’s details, qualifications, address and contact details noted and completed | **Yes** | **No** |
| HOD/HOS signature | **Yes** | **No** |
| CVs of nominated examiners attached | **Yes** | **No** |

*If the answer is “NO” to any of the above, the nomination will be deemed incomplete.*

Received by PG officer (Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approved by FGSC Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisor(s) informed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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