

NOMINATION OF THESIS EXAMINERS



UTS: UNIVERSITY GRADUATE SCHOOL

The University rule for the Appointment of Examiners is 11.18.3. The document titled "Approval of Thesis Examiners" details the documents required and the approval process, and can be found at <http://www.gradschool.uts.edu.au/policies/policiesprocess/NominationofThesisExaminers.pdf>
The "Selection of Potential Examiners for Research Degree Theses" document assists the faculties in identifying potential examiners, and is at <http://www.gradschool.uts.edu.au/policies/examination.html>

PLEASE PRINT CLEARLY SO THAT THE DETAILS OF STUDENT AND EXAMINERS ARE LEGIBLE

Name of Student: _____ Student No.: _____

Course: _____ Faculty/Institute: _____

Thesis Title: _____

Principal Supervisor's Name & Title: _____

Expected Date of Submission of Unbound Thesis: _____

Examiner 1	Examiner 2	Examiner 3	
Yes / No	Yes / No	Yes / No	Is an academic at a tertiary institution
Yes / No	Yes / No	Yes / No	Has previously examined a higher degree research thesis at an equivalent level
Yes / No	Yes / No	Yes / No	Has formal qualifications in the area being examined
Yes / No	Yes / No	Yes / No	Has been invited and has agreed to examine**

Please Note:
If an examiner does not meet the first three of the above criteria, you must provide supporting documentation for that nominee (eg resume)
UTS Staff require THREE external examiners (See "Selection of Potential Examiners for Research Degree Theses")
****Attach documents indicating each examiner's acceptance of the invitation to examine.**

FIRST EXAMINER

Full Name and Qualifications: _____

Address: _____

Telephone: _____ Fax: _____

email: _____

Position: _____

Experience: _____

Areas of Expertise: _____

(Information is required to ensure appropriate match of expertise)

SECOND EXAMINER

Full Name and Qualifications: _____

Address: _____

Telephone: _____ Fax: _____

email: _____

Position: _____

Experience: _____

Areas of Expertise: _____
(Information is required to ensure appropriate match of expertise)

THIRD EXAMINER (Required for Doctoral students only)

Full Name and Qualifications: _____

Address: _____

Telephone: _____ Fax: _____

E-mail: _____

Position: _____

Experience: _____

Areas of Expertise: _____
(Information is required to ensure appropriate match of expertise)

If a Reserve Examiner is to be nominated please attach details in the format required above.

FACULTY APPROVAL: I certify that UGS Rule 11.18.3 and the documents "Approval of Thesis Examiners" and "Selection of Potential Examiners for Research Degree Theses" have been followed and I recommend that the nominated Examiners be approved.

I also certify that **IF** the thesis is to be forwarded electronically, this is with the agreement of the supervisor, student and the examiner(s).

RAO NAME _____ SIGNATURE _____ DATE _____

UGS APPROVAL

UGS NAME _____ SIGNATURE _____ DATE _____