

NOMINATION OF EXAMINERS FORM

1. To be submitted to the Faculty Student Advice Officer not less than three months prior to anticipated date of submission.
2. This form must be accompanied by a memo of not more than two pages from the supervisor justifying the choice of examiners nominated.
3. The supervisor must check with the nominated examiners regarding any previous involvement between the student and examiner(s), and provide a statement that a) there has been no previous contact between examiner(s) and candidate, or b) detailing the nature of any prior involvement between a candidate and the nominated examiner.
4. The supervisor must also declare any prior involvement with the examiner which could be perceived as a conflict of interest.
5. A maximum of two pages per nominated examiner must be appended summarising recent publications and information regarding experience in research and research training.
6. The candidate's abstract must be submitted in conjunction with this form.

Please note that the nomination and final approved examiners are confidential and should not under any circumstances be discussed with students. When completing this form, it is essential that complete current details are included (post office boxes are not acceptable for international examiners). Please type or use black pen and print.

The following examiners are nominated for the examination of the thesis titled:

(thesis title)

.....

by (student name): ID:

to be submitted for the degree of (degree title):

Anticipated date of submission:

School/Centre/Institute:

Name of Principal Supervisor:

Name of Associate Supervisor(s):

1. **Name/title:**

Current position/location:

Postal address:

.....

Phone: Fax:

Email:

2. **Name/title:**
Current position/location:.....
Postal address:.....
.....
Phone: Fax:
Email:

3.* **Name/title:**
Current position/location:.....
Postal address:.....
.....
Phone: Fax:
Email:

* If nominating examiners for a master by research thesis, your Faculty may require a reserve examiner to be listed on this form. Please contact the Faculty for further details.

4. **Reserve examiner: for performance/exhibition examination only:**
Name/title:
Current position/location:.....
Postal address:.....
.....
Phone: Fax:
Email:

Principal Supervisor - In signing this form, I believe the contact details for the abovementioned nominated examiners are current and that they have all indicated their willingness to undertake this task within the agreed timeframe.

Signature: Date:

Name of Chair of Examiners:
Please refer to the Guidelines for Chair of Examiners available at <http://www.vu.edu.au/research/research-students/forms-for-research-students> for further information. In the event that the Principal Supervisor is also the Head of School/Centre/Institute, the Executive Dean/Associate Dean (R&RT) (or their nominee) must sign and be appointed as the Chair of Examiners.

Signature: Date:

Signed: (Faculty Student Advice Officer).....
Date: