



Student name: \_\_\_\_\_

ID number: \_\_\_\_\_

Faculty: \_\_\_\_\_

Department: \_\_\_\_\_

Title of Thesis: \_\_\_\_\_

Degree (please tick as appropriate) :                      Master's:                      PhD:                      Prof Doctorate:

Date of Registration (month, year) : \_\_\_\_\_

Proposed Examination Board Date:                      June                      September                      December                      February  
(please tick as appropriate)

(Please confirm that due cognisance of any potential conflicts of interest has been taken as per Academic Regulation 5.14.36. and the Policy for Conflicts of Interest).

**Nomination of Internal Examiner:**

Name: \_\_\_\_\_ Dept: \_\_\_\_\_

**Nomination of External Examiner:** (An External Examiner cannot examine more than two theses in any five year period.

In some professional doctorate programmes, External Examiners may be appointed to examine a number of candidates.

Additionally, please see Guidelines for the Appointment of External Examiners for Postgraduate Research Degrees).

Name/address/email: \_\_\_\_\_

**Nomination of Second External Examiner (UL Staff Candidates only)**

Name/address/email: \_\_\_\_\_

**Justify choice of External Examiner(s) and attach a short two-page (max) CV:** (Where feasible/appropriate International External Examiner[s] should be nominated. The information in the CV should include experience in both doctoral supervision and examination.)

**Nomination of Chairperson:** (for PhD viva voce or Master's if a viva voce is required)

Name: \_\_\_\_\_ Dept: \_\_\_\_\_

**Nominated by Supervisor(s):**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Approved by Head of Department:** (Where the HoD is a supervisor, the Dean of the relevant Faculty should sign-off)

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Assistant Dean Research: (For Prof Doctorate, the Assistant Dean Academic Affairs should sign-off)**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Appointed by Academic Council: (Associate Vice President Doctoral College)**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_