



**CENTRE FOR POSTGRADUATE STUDIES  
NOMINATION AND RECOMMENDATION FORM OF  
EXAMINERS FOR RESEARCH THESIS**

**Instructions to the candidate:**

1. This form must be submitted at least three (3) months prior to submission of **five (5) soft-cover bound** copies of thesis for examination.
2. This form must be **endorsed** by the Dean.

**Section A: To be filled by the Supervisor**

**STUDENT DETAILS**

Name	:	
ID number	:	
IC / passport number	:	
Degree / Programme	:	
Faculty	:	
Expected date of thesis submission	:	
	:	
Title of the thesis	:	
	:	
Research field (please provide 3-4 keywords)	:	

<b>Details of the Examiner</b>	<b>External Examiner Nominee 1</b>	<b>External Examiner Nominee 2</b>	<b>External Examiner Nominee 3</b>
Name			
Name and address of institution			
Curriculum vitae attached? Yes or No			
Phone			
Email			
Highest degree PhD or Others (please specify and provide justification if it does not meet eligibility criteria)			
Current position Professor or Associate Professor or Senior Lecturer or others (please specify and provide justification if it does not meet eligibility criteria)			
Related field of research Yes or No (if No, please specify and provide justification if it does not meet eligibility criteria)			
Related publications or projects			

Postgraduate supervision: PhD	Graduated : On-going:	Graduated : On-going:	Graduated : On-going:
Postgraduate supervision: MSc	Graduated : On-going:	Graduated : On-going:	Graduated : On-going:
Thesis examination - No. of thesis examined	PhD: MSc:	PhD: MSc:	PhD: MSc:
Justification for nomination			
Fulfill any of the ineligibility criteria? Yes or No (If yes, please specify)			
Consent obtained and available within the next 4 months for thesis examination? Yes or No (If No, please state availability)			

<b>Details of the Examiner</b>	<b>Internal Examiner Nominee 1</b>	<b>Internal Examiner Nominee 2</b>	<b>Internal Examiner Nominee 3</b>
Name			
Name and address of institution			
Curriculum vitae attached? Yes or No			
Phone			
Email			
Highest degree PhD or Others (please specify and provide justification if it does not meet eligibility criteria)			
Current position Professor or Associate Professor or Senior Lecturer or others (please specify and provide justification if it does not meet eligibility criteria)			
Related field of research Yes or No (if No, please specify and provide justification if it does not meet eligibility criteria)			
Related publications or projects			

Postgraduate supervision: PhD	Graduated : On-going:		Graduated : On-going:
Postgraduate supervision: MSc	Graduated : On-going:		Graduated : On-going:
Thesis examination - No. of thesis examined	PhD: MSc:		PhD: MSc:
Justification for nomination			
Fulfill any of the ineligibility criteria? Yes or No (If yes, please specify)			
Consent obtained and available within the next 4 months for thesis examination? Yes or No (If No, please state availability)			

<b>Declaration by the supervisor</b>	
I hereby declare that the nominated external and internal examiners are not a close friend or relative, or, a former supervisor, or, a former student, or, involved in a partnership or dispute or involved with research collaboration.	
Name of the supervisor :	Signature with date :

**Section B: To be filled by the Faculty Postgraduate Committee**  
**RECOMMENDATION FOR APPOINTMENT OF EXAMINERS**

The Faculty Postgraduate committee recommends the following persons as examiners for this thesis

**EXTERNAL EXAMINER - 1**

Name of examiner : \_\_\_\_\_  
Position : \_\_\_\_\_  
Name of Institution and : \_\_\_\_\_  
Address : \_\_\_\_\_  
Highest academic qualification : \_\_\_\_\_  
Area of expertise : \_\_\_\_\_

**EXTERNAL EXAMINER - 2 (for PhD thesis)**

Name of examiner : \_\_\_\_\_  
Position : \_\_\_\_\_  
Name of Institution and : \_\_\_\_\_  
Address : \_\_\_\_\_  
Highest academic qualification : \_\_\_\_\_  
Area of expertise : \_\_\_\_\_

**INTERNAL EXAMINER**

Name of examiner : \_\_\_\_\_  
Name of Institution and : \_\_\_\_\_  
Address : \_\_\_\_\_  
Highest academic qualification : \_\_\_\_\_  
Area of expertise : \_\_\_\_\_

**Section C: To be filled by the Dean**

**ENDORSEMENT BY THE DEAN**

I hereby endorse and recommend the appointment of examiners for this thesis to the University Board of Postgraduate Studies. .

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

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

**Section D: To be filled by Board of Postgraduate Studies/ Centre for Postgraduate Studies**

**ENDORSEMENT BY THE CHAIRPERSON/ DIRECTOR**

I hereby endorse and recommend the appointment of examiners for this thesis to the University Senate.

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

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