Notification of Readiness to Submit Thesis & Appointment of Examiners

To enable this electronic form, you must first SAVE it then REOPEN as a PDF file (it will not function properly when used in a browser window).

To facilitate the timely appointment of examiners, the principal supervisor should give notice in writing to the Faculty Sub-Dean Graduate Studies of intention to submit the thesis or portfolio one month before submission. The candidate should initiate the form and sign the form before forwarding to their principal supervisor. Note the candidate should not be aware of the final examiners details provided on this form.

itle	First Name	Last Name	
Email		ID number	
School or Centre		Faculty <select></select>	
Course Code		Course Name	
. Thesis Title			
xpected			

Ethics and Compliance Approval:					
The following approval(s) have been gained for the p	roject?				
Animal Ethics					
☐ Human Ethics					
Biosafety					
Radiation					
☐ Defence Controls					
If you answered "yes", please provide the CSU protoc	col number(s)	:			
If your thesis is in the field of education, also provide	the SERAP a	pproval number:			
If none of the above are selected, please explain why	the approval	was not required f	or your specific	area of	study.
Reason:					
Academic Integrity Declaration:					
I declare that I have read and understood the requirer	ments of the	Jniversity's Acader	nic Integrity Po	licy.	
In line with the Academic Integroty policy/procedure the (Tunitin) as part of reviewing your submission for example to run your thesis through this software put through the University, see: Plagiarism checking.	nination.	-	_	-	_
☐ I consider the thesis ready for examination					
Candidate: If you do not have an electronic signature, you may conclude please print this form, sign, scan and email to the next		he signature field b	elow. If you do	not wish	to create one,
Name	Signature			Date:	

3. Candidate Declaration

4. Appointment of Examiners

Three Examiners are required for all HDR submissions.

All examiners <u>must</u> be external to Charles Sturt University unless there are <u>exceptional circumstances</u>. The candidate should not be aware of the final examiner details provided on this form.

I have read and understood the <u>Appointment of Examiners Guidelines</u> and <u>Conflict of Interest Guidelines</u> **Examiner One** Title First Name Last Name Position Title Institution Email Phone: Town/City Country Justification for Appointment: **Examiner Two** First Name Last Name Title Institution Position Title **Email** Phone: Town/City Country Justification for Appointment:

Examiner Three		
Title	First Name	Last Name
Position Title		Institution
Email		Phone:
Town/City	Country	
Optional Alternate An optional alternate e Graduate Studies before		Please discuss this additional nomination with your Sub-De
Optional Alternate Exa		
Title	First Name	Last Name
Position Title		Institution
Email		Phone:
Town/City	Country	
Justification for Appointment:		

authorisation this report needs to be emailed to the and entering in the next recipient's email address.			
All examiners above have been contacted to o	confirm availability and are recommended for	r appointmen	t.
Current address details provided for each exa	miner.		
CV's attached as PDF's for each examiner inc	cluding a list of publications within the last 5 y	/ears.	
Human/Animal Ethics and Compliance approvals a	ire:		
Required and approved Not require	ed		
Are you aware of any potential conflict of interest in	relation to the examiner appointments?	○ Yes	○ No
If yes, please specify:			
Does this thesis contain material that is either conf	idential or commercially sensitive?	○ Yes	○ No
* If you select yes, before distributing the thesis to the that they will not release the confidential or comment		examiner to co	onfirm in writing
Principal Supervisor: I recommend the appoints academic integrity with the candidate and I am sati examined are in accordance with the approved res	sfied that the above information is correct. T		
Name	Signature	Date:	
Sub-Dean Graduate Studies: I confirm that ther recommendation for the appointment of examiners	e are no conflicts of interest with the examin	ers and endo	rse this
Comments:			
Name	Signature	Date	:
Research Office Use Only:			
Minimum Candidature:			
Maximum Candidature:			
6. Research Committee Approval			
Research Committee Approval: I approve the appointment of these examiners.			
Name	Signature	Date	:

This is an electronic form and requires the below authorisations in the order they appear. After each

5. Approvals and Authorisations

PLEASE NOTE:

Honorarium amount to be paid per examiner:					
[This amount is in line with the Universities Austra and Higher and Professional Doctorates.]	alia recomme	nded fees externa	al examiners for Mast	ters, PhDs,	
Total amount:					
Account code:					
Expenditure Delegation holder: I give authorisation for the Division of People and Culture to pay the examiners listed above, for their examination of the above candidate's thesis.					
Name	Signature		Date:		

7. School Approval of Examiner Payments