

## 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 principal supervisor is to complete this form, and the candidate should not be aware of the final examiner details provided on this form.

### 1. Candidate Details

Title	<input type="text"/>	First Name	<input type="text"/>	Last Name	<input type="text"/>
Email	<input type="text"/>			ID number	<input type="text"/>
School or Centre	<input type="text"/>	Faculty <select>	<input type="text"/>		
Course Code	<input type="text"/>	Course Name	<input type="text"/>		

### 2. Thesis Details

Thesis Title:	<input type="text"/>	Expected Submission Date:	<input type="text"/>
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Is the expected submission date after minimum candidature time?  Yes  No

- I confirm that I have discussed the submission of thesis and appointment of examiners process with the candidate. The candidate should not be aware of the final examiner details provided on this form.

### 3. Appointment of Examiners

Three Examiners are required for all HDR submissions.

All examiners must be external to Charles Sturt University unless there are [exceptional circumstances](#). The candidate should not be aware of the final examiner details provided on this form.

I have read and understood the [Appointment of Examiners Guidelines](#) and [Conflict of Interest Guidelines](#)

#### Examiner One

Title	<input type="text"/>	First Name	<input type="text"/>	Last Name	<input type="text"/>
Position Title	<input type="text"/>		Institution	<input type="text"/>	
Email	<input type="text"/>		Phone:	<input type="text"/>	
Town/City	<input type="text"/>	Country	<input type="text"/>		

Justification for Appointment:

#### Examiner Two

Title	<input type="text"/>	First Name	<input type="text"/>	Last Name	<input type="text"/>
Position Title	<input type="text"/>		Institution	<input type="text"/>	
Email	<input type="text"/>		Phone:	<input type="text"/>	
Town/City	<input type="text"/>	Country	<input type="text"/>		

Justification for Appointment:

### Examiner Three

Title  First Name  Last Name

Position Title  Institution

Email  Phone:

Town/City  Country

Justification  
for Appointment:

### Optional Alternate Examiners

Two optional alternate examiners may be nominated below, please discuss the inclusion of these additional nomination(s) with your Sub-Dean Graduate Studies before completing this section.

#### Optional Alternate Examiner One

Title  First Name  Last Name

Position Title  Institution

Email  Phone:

Town/City  Country

Justification  
for Appointment:

## 4. Approvals and Authorisations

**PLEASE NOTE:** This is an electronic form and requires the below authorisations in the order they appear. After each authorisation this report needs to be emailed to the next signatory by clicking the 'submit by email to next signatory' button and entering in the next recipient's email address. For any queries about this form please contact the [Research Office](#).

- All examiners above have been contacted to confirm availability and are recommended for appointment.
- Current address details provided for each examiner.
- CV's attached as PDF's for each examiner including a list of publications within the last 5 years.

Human/Animal Ethics and Compliance approvals are:

- Required and approved       Required and not approved       Not required

Are you aware of any potential conflict of interest in relation to the examiner appointments?     Yes     No

If yes,  
please specify:

**Principal Supervisor:** *I recommend the appointment of the potential examiners.*

Name       Signature       Date:

**Sub-Dean Graduate Studies:** *I confirm that there are no conflicts of interest with the examiners and endorse this recommendation for the appointment of examiners.*

Name       Signature       Date:

*Research Office Use Only:*

Minimum Candidature:

Maximum Candidature:

## 5. Research Committee Approval

**Research Committee Approval:**

*I approve the appointment of these examiners.*

Name       Signature       Date: