|  |  |  |
| --- | --- | --- |
| F1511 CSU Letterhead_ Header.jpg |  | Appointment of examinersFaculty of ArtsFor coursework doctoral students |

* To be completed by the Principal Supervisor for submission to the Associate Dean (Research) via the Course Coordinator.

**1. Student details**

The above-named student has indicated an intention to submit their thesis:

|  |  |
| --- | --- |
| **Name** |  |
| **ID number** |  |

**2. Dissertation title**

|  |
| --- |
|  |

**3. Examiners**

The following examiners have been contacted to confirm availability and are recommended:

**Examiner 1**

(Must be external. Please attach a brief CV.)

|  |  |
| --- | --- |
| **Name** |  |
| **Position & institution** |  |
| **Phone**  |  |
| **Email** |  |
| **Postal address** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** |  | **NO** |
|  |  |  |  |
| Are you aware of any potential conflict of interest in relation to this appointment? |  |  |  |
|  |  |  |  |

**Examiner 2**

(May be internal, but this is undesirable unless there are special circumstances. Please attach a brief CV.)

|  |  |
| --- | --- |
| **Name** |  |
| **Position & institution** |  |
| **Phone**  |  |
| **Email** |  |
| **Postal address** |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  | **YES** |  | **NO** |
|  |  |  |  |
| Are you aware of any potential conflict of interest in relation to this appointment? |  |  |  |

**8. Approvals and authorisations**

**Principal Supervisor**

* I endorse this recommendation for the appointment of examiners.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_ \_ / \_ \_ / \_ \_**

**Course Coordinator**

* I endorse this recommendation for the appointment of examiners.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_ \_ / \_ \_ / \_ \_**

**Associate Dean (Research)**

* I endorse this recommendation for the appointment of examiners.

**Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_ \_ / \_ \_ / \_ \_**