

Nomination of Examiners

|  |  |
| --- | --- |
| Faculty |  |
| Department |  |
| **Qualification for which student is registered** |  |
| **Offering type** |  **Full time registration** |  | **Part time registration** |  |
| **Prior qualification** |  |

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| --- | --- | --- | --- |
| Student Surname |  | **Student No.** |  |
| First Names |  | Title (Mr, Ms) |  |
| **Postal Address** |  |
| **Tel (W)** | **Tel (H)** | Cell | **Fax** | e-Mail |
|  |  |  |  |  |
| **Title of Dissertation/ Thesis** |  | **Full**  |  |
| **Partial** |  |
| **Dissertation/Thesis** |

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| --- | --- |
| Supervisor  |  |
| Position |  | **Present Qualifications** |  |
| **Tel (W)** | **Tel (H)** | Cell | **Fax** | e-Mail |
|  |  |  |  |  |
| Co-Supervisor  |  |
| Position |  | **Present Qualifications** |  |
| **Tel (W)** | **Tel (H)** | Cell | **Fax** | e-Mail |
|  |  |  |  |  |

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| --- | --- | --- | --- |
| Examiner 1**Full Name** |  | Title |  |
| Position |  | Qualifications  |  |
| Postal Address |  |
| **Tel (W)** | **Tel (H)** | Cell | **Fax** | e-Mail |
|  |  |  |  |  |
| Area of Expertise |  |
| Institution |  |
| Supervision experience |  |
| Examination experience |  |
| Recent publications (maximum 6)\* |  |

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| Examiner 2**Full Name** |  | Title |  |
| Position |  | Qualifications  |  |
| Postal Address |  |
| **Tel (W)** | **Tel (H)** | Cell | **Fax** | e-Mail |
|  |  |  |  |  |
| Area of Expertise |  |
| Institution |  |
| Supervision experience |  |
| Examination experience |  |
| Recent publications (maximum 6)\* |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Examiner 3**Full Name** |  | Title |  |
| Position |  | Qualifications  |  |
| Postal Address |  |
| **Tel (W)** | **Tel (H)** | Cell | **Fax** | e-Mail |
|  |  |  |  |  |
| Area of Expertise |  |
| Institution |  |
| Supervision experience |  |
| Examination experience |  |
| Recent publications (maximum 6)\* |  |

***PLEASE NOTE THAT NOMINATION OF AN ADDITIONAL EXAMINER (FOR RESERVE PURPOSES) IS RECOMMENDED BUT IS OPTIONAL ONLY.***

This means that three (3) examiners may be proposed for a masters dissertation and four (4) for a doctoral thesis.

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| Examiner 4**Full Name** |  | Title |  |
| Position |  | Qualifications  |  |
| Postal Address |  |
| **Tel (W)** | **Tel (H)** | Cell | **Fax** | e-Mail |
|  |  |  |  |  |
| Area of Expertise |  |
| Institution |  |
| Supervision experience |  |
| Examination experience |  |
| Recent publications (maximum 6)\* |  |

\* An abridged CV (1 page max.) of the proposed examiners must be attached.

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

(HoD)

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

(Chairperson of Faculty Research Committee)

|  |  |
| --- | --- |
| **Faculty approval**: Date of Minutes in which approval of examiners was recorded |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Routing**  | **Supervisor** |  | **HoD** |  |  **FRC** |  |  **HDC** |  |
|  | For ratification |

***PLEASE NOTE THAT EXAMINATION COPIES OF THESES/DISSERTATIONS MAY BE SUBMITTED TO EXAMINERS AFTER FRC APPROVAL AND NEED NOT WAIT UNTIL AFTER HDC RATIFICATION. [[1]](#footnote-1)***

1. “Ratification” is a type of retrospective approval, and is part of the HDC’s oversight function. [↑](#footnote-ref-1)