**NOMINATION OF EXAMINERS FORM**

This form should be completed after reading the Fiji National University’s Nomination of Examiners Guidelines.

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| **PERSONAL DETAILS OF THE CANDIDATE** |
| **Graduate Candidate Name:** |  Click here to enter text. | **ID Number:** | Click here to enter text. |
| **Email:** | Click here to enter text. | **Phone:** | Click here to enter text. |
| **Department:** | Click here to enter text. | **Degree for Examination:** | Click here to enter text. |
| **Thesis Title:** |  Click here to enter text. |
| **CANDIDATE’S SUPERVISOR (S)** |
| **PRINCIPAL SUPERVISOR**  |
| **Name**  | Click here to enter text. |
| **Email** | Click here to enter text. |
| **Phone Contact**  | Click here to enter text. |
| **College**  | Click here to enter text. |
| **CO-SUPERVSIOR**  |
| **Name**  | Click here to enter text. |
| **Email** | Click here to enter text. |
| **Phone Contact**  | Click here to enter text. |
| **College**  | Click here to enter text. |
| **EXAMINERS FOR ALL DOCTORAL AND MASTER BY RESEARCH THESIS** |
| Examiners nominated should hold a Doctor of Philosophy Degree from a recognised university together with expertise and experience in the field of study, which is the subject of the thesis. The examiners may not be staff members of the University or have any other conflict of interest with the candidate. The examiners are required to examine the thesis. |
| **EXAMINER DETAILS**  |

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| **EXAMINER 1** | **EXAMINER 2** | **EXAMINER 3** |
| **Name: Click here to enter text.** | **Name: Click here to enter text.** | **Name: Click here to enter text.** |
| **Position: Click here to enter text.** | **Position: Click here to enter text.** | **Position: Click here to enter text.** |
| **Affiliation: Click here to enter text.** | **Affiliation: Click here to enter text.** | **Affiliation: Click here to enter text.** |
| **Email: Click here to enter text.** | **Email: Click here to enter text.** | **Email: Click here to enter text.** |
| **Telephone: Click here to enter text.** | **Telephone: Click here to enter text.** | **Telephone: Click here to enter text.** |
| **Address:** (please supply street address if outside Fiji)Click here to enter text. | **Address:** (please supply street address if outside Fiji)Click here to enter text. | **Address:** (please supply street address if outside Fiji)Click here to enter text. |

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| **APPOINTMENT OF EXAMINERS** |
| The examiners appointed to examine the thesis will not be involved in the supervision of the candidate or have been involved in either the research project or preparation of the thesis. |
| **INFORMATION TO SUPPORT NOMINATIONS** |
| Please attach CVs of examiners nominated to examine the thesis.The examiner should be employed at a university, is generally a senior academic, and possess a doctoral level qualification. |
| **CHECKLIST**  |
| **The proposed examiners have been informally approached by**Click here to enter text. |
| **They have agreed to complete the examination within 6-8 weeks**[ ]  Yes [ ]  No |
| **There is no conflict of interest in the appointment of this examiner.**[ ]  Yes [ ]  No |
| **Nominated examiners CV is attached**[ ]  Yes [ ]  No |
| **PRINCIPAL SUPERVISOR**  |
| **Name** | Click here to enter a date. |
| **College** | Click here to enter a date. |
| **Phone Contact**  | Click here to enter a date. |
| **Email** | Click here to enter a date. |
| **Signature**  | Click here to enter a date. |
| **APPROVAL BY COLLEGE ASSOCIATE DEAN GRADUATE STUDIES AND RESEARCH**  |
| **Name** | Click here to enter a date. |
| **College** | Click here to enter a date. |
| **Phone Contact**  | Click here to enter a date. |
| **Email** | Click here to enter a date. |
| **Signature**  | Click here to enter a date. |
| **APPROVAL BY COLLEGE DEAN** |
| **Name** | Click here to enter a date. |
| **College** | Click here to enter a date. |
| **Phone Contact**  | Click here to enter a date. |
| **Email** | Click here to enter a date. |
| **Signature**  | Click here to enter a date. |
| ***Where a candidate’s registration is interdisciplinary, the signatures of both College Deans are required.*** |
| **APPROVAL OF THE GRADUATE EXAMINATION SUB-COMMITTEE** |
| **Name of Chair**  | Click here to enter a date. |
| **Signature**  | Click here to enter a date. |
| **Date**  | Click here to enter a date. |
| **Comment** Click here to enter text. |

**Completed forms must be saved and emailed to** gc-cgs@fnu.ac.fj **for approval of the Graduate Examination Sub-Committee (GESC).**