

## **Nomination of Examiners Form - Honours**

| Name of Student:   | _Student No:                                   |  |  |
|--|--|--|--|
| School:  | Principal Supervisor:                          |  |  |
| Thesis Title / Topic:  |  |  |  |
|  |  |  |  |
| <b>RECOMMENDED EXAMINERS:</b><br>Please nominate at least 2 examiners, (one e  | examiner should be external to ECU).           |  |  |
| For <b>EXTERNAL</b> examiners, please provide ful<br>For <b>ALL</b> examiners, please provide a brief CV<br>details. | •  |  |  |
| NOMINEE #1<br>Name:  |  |  |  |
| Title: Professor $\Box$ A/Prof. $\Box$ Dr $\Box$ other   | □ (please specify title)                       |  |  |
| Academic Qualifications:   |  |  |  |
| External to ECU: Yes 🗌 No 🔲  |  |  |  |
| Has the nominee been contacted as to their   | availability to examine?Yes 🗌 No 🗌             |  |  |
| Format by which they wish to receive thesis:   | inted  |  |  |
| Mailing Address:   |  |  |  |
| Phone:<br>Email:   |  |  |  |
|  | the area of study, including relevant research |  |  |
|  |  |  |  |
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| NOMINEE #2<br>Name:  |
|--|
| Title: Professor $\Box$ A/Prof. $\Box$ Dr $\Box$ other $\Box$ (please specify title)                           |
| Academic Qualifications:   |
| External to ECU: Yes 🗌 No 🗍  |
| Has the nominee been contacted as to their availability to examine? Yes $\ \square$ No $\ \square$             |
| Format by which they   |
| Mailing Address:   |
| Phone:   |
| Email:   |
| Notes: (Please describe their involvement in the area of study, including relevant research and publications). |
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| DECLARATION:   |           |       |    |    |  |
|--|-----------|-------|----|----|--|
| We declare that we, the Candidate and Principal Supervisor are completely independent of these nominated Examiners and<br>the nominated Examiners will have no conflict of interest in examining this Candidates thesis. As Candidate and Principal<br>Supervisor we agree that there will be no communication between us and the examiners during the examination process that<br>could compromise the integrity of the process |           |       |    |    |  |
| Examiners Nominated by the Principal Supervisor in consultation with the candidate   |           |       |    |    |  |
| Principal Supervisor   | Signature |       |    |    |  |
| Candidate:   | Signature | Date: | _/ | _/ |  |
| Nominations endorsed by Head of School:  |           |       |    |    |  |
| Signature<br>Date://   |           |       |    |    |  |

Please return this Form to your School Honours Coordinator