SCHOOL OF MEDICAL AND HEALTH SCIENCES

# NOMINATION of SUPERVISORS

**(Honours)**

**STUDENT Name: Student No #**

**Name of Degree:\_**

**Code number of Degree:**

**Is this form being used to nominate a Change of Supervisor Yes No**

**PRINCIPAL**

**Supervisor *Title: Name:***

## School: Academic

 ***Quals:***

***Research Active \*:*** Yes No

\*(ie has won a research grant, OR published refereed papers/chapters/books OR supervised higher degree by research students to completion)

***I agree to supervise this candidate:*** *\_ \_ \_ \_ \_ \_ \_* ***Date:*** *\_\_\_/\_\_\_/\_\_\_*

# ASSOCIATE

**Supervisor**

## Title: Name:

## School: Academic

 ***Quals:***

***Research Active \*:*** Yes No

\*(ie has won a research grant, OR published refereed papers/chapters/books OR supervised higher degree by research students to completion)

***I agree to supervise this candidate:*** *\_ \_ \_ \_ \_ \_ \_* ***Date:*** *\_\_\_/\_\_\_/\_\_\_*

# Associate

**Supervisor**

## Title: Name:

***School: Academic***

 ***Quals:***

***Research Active \*:*** Yes No

\*(ie has won a research grant, OR published refereed papers/chapters/books OR supervised higher degree by research students to completion)

***I agree to supervise this candidate:*** *\_ \_ \_ \_ \_ \_ \_* ***Date:*** *\_\_\_/\_\_\_/\_\_\_*

**Nominations supported by:**\_ \_ \_ \_ \_ *(Student)*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Nominations approved by:** \_ \_ \_ *(Head of School)*

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**PLEASE SEND THE COMPLETED FORM TO THE ASSOCIATE DEAN RESEARCH FOR APPROVAL**