**Edith Cowan University**

**School of Medical and Health Sciences**

**Nomination of Examiners Form - Honours**

**Name of Student: Student No:**

**School:**

**Principal Supervisor:**



**Thesis Title / Topic:**

**RECOMMENDED EXAMINERS:**

Please nominate at least 2 examiners, (one examiner should be external to ECU).

For **EXTERNAL** examiners, please provide full details of name, position and address. For **ALL** examiners**,** please provide telephone, email and postal details.

**NOMINEE #1**

Name:

Title: Professor  A/Prof.  Dr  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:*** *electronic printed*

Mailing Address: Phone:

Email:

Notes: *(Please describe their involvement in the area of study, including relevant research and publications).*

**NOMINEE #2**

Name:

Title: Professor  A/Prof.  Dr  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:*** *electronic printed*

Mailing Address: Phone:

Email:

Notes: *(Please describe their involvement in the area of study, including relevant research and publications).*

**DECLARATION:**

*We declare that we, the Candidate and Principal Supervisor are completely independent of these nominated Examiners and the nominated Examiners will have no conflict of interest in examining this Candidates thesis. As Candidate and Principal Supervisor we agree that there will be no communication between us and the examiners during the examination process that could compromise the integrity of the process*

**Examiners Nominated by the Principal Supervisor in consultation with the candidate**

**Principal Supervisor** *Signature*

**Candidate:** *Signature \_*

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

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

**Nominations endorsed by Head of School:**

*Signature Date:*  **/ /**

**Please return this Form to your School Honours Coordinator**