Nomination of Examiners for a Master’s Thesis

Student’s Name:  
(Title)  (Given name)  (Family name)

Student ID Number:  Department:

Current Contact Address (for correspondence during the examination process)

Supervisor:  Department:

Title of Thesis:

Please confirm that each examiner has been contacted informally and has agreed to act as such within the time-scale indicated below:  Yes

Due date for examiners’ reports:  (normally not more than six weeks from receipt of thesis)

External Examiner

Name:  
(Title)  (Given name)  (Family name)

Qualifications:

Postal Address:

Courier / Street Address (required, as couriers will not deliver to P O Box numbers):

Telephone:  Fax:  Email:

Internal Examiner (If an appropriate internal is not available, an additional external examiner should be nominated)

Name:  
(Title)  (Given name)  (Family name)

Qualifications:

Department:

Telephone:  Fax:  Email:

Approvals

Head of Department (or nominee):  (date)

Dean (where applicable):  (date)

Pro-Vice-Chancellor (or nominee):  (date)

This form is available electronically at www.otago.ac.nz/study/masters