



Nomination of Examiners

Faculty				
Department				
Qualification for which student is registered				
Offering type	Full time registration		Part time registration	
Prior qualification				

Student Surname				Student No.		
First Names				Title (Mr, Ms)		
Postal Address						
Tel (W)	Tel (H)	Cell	Fax	e-Mail		
Title of Dissertation/ Thesis					Full	
					Partial	
					Dissertation/Thesis	

Supervisor					
Position			Present Qualifications		
Tel (W)	Tel (H)	Cell	Fax	e-Mail	
Co-Supervisor					
Position			Present Qualifications		
Tel (W)	Tel (H)	Cell	Fax	e-Mail	

Examiner 1 Full Name				Title	
Position				Qualifications	
Postal Address					
Tel (W)	Tel (H)	Cell	Fax	e-Mail	
Area of Expertise					
Institution					
Supervision experience					

Examination experience	
Recent publications (maximum 6)*	

Examiner 2 Full Name		Title	
Position		Qualifications	
Postal Address			
Tel (W)	Tel (H)	Cell	Fax
Area of Expertise			
Institution			
Supervision experience			
Examination experience			
Recent publications (maximum 6)*			

Examiner 3 Full Name		Title	
Position		Qualifications	
Postal Address			
Tel (W)	Tel (H)	Cell	Fax
Area of Expertise			
Institution			
Supervision experience			
Examination experience			
Recent publications (maximum 6)*			

* An abridged CV (1 page max.) of the proposed examiners must be attached.

Signed: _____
(HoD)

Date: _____

Signed: _____
(Chairperson of Faculty Research Committee)

Date: _____

Faculty approval: Date of Minutes in which approval of examiners was recorded	
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Routing	Supervisor		HoD		FRC		HDC	
								For ratification