



APPOINTMENT OF EXAMINERS FORM

This form is to be completed by the principal supervisor, Head of School Nominee and Assistant Dean Research Training. The Candidate must not be involved in the completion of this form and the names of the nominated examiners are not to be disclosed to the candidate.

Please read the associated [Guidelines](#) before completing this form. Forward the completed form to Graduate Research (thesis@newcastle.edu.au).

CANDIDATE DETAILS

Family Name:	<input type="text"/>	Given Name:	<input type="text"/>	
Student Number:	<input type="text"/>			
Principal Supervisor:	<input type="text"/>			
Thesis Title:	<input type="text"/>			
Is this research commercial-in-confidence?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Note: If the candidate wishes to apply for an embargo on their thesis an [Application for Embargo](#) form must be completed and submitted to Graduate Research. Please refer to the [Thesis Examination Guidelines](#) for the appropriate use of an embargo.

RECOMMENDED EXAMINERS

Examiner 1

Full Name:	<input type="text"/>					
Title:	<input type="text"/>	Position:	<input type="text"/>			
Institution:	<input type="text"/>					
Department:	<input type="text"/>	Phone Number:	<input type="text"/>			
Email Address:	<input type="text"/>					
Gender:	<input type="checkbox"/> M	<input type="checkbox"/> F	<input type="checkbox"/> N	Australian Resident:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Date the agreement to examine was received:

Expertise and international standing:

Supervisory and/or examining experience:

If the nominated examiner does not hold a PhD please specify their qualifications:

Examiner 2

Full Name:

Title:

Position:

Institution:

Department:

Phone Number:

Email Address:

Gender:

M

F

N

Australian Resident:

Yes

No

Date the agreement to examine was received:

Expertise and international standing:

Supervisory and/or examining experience:

If the nominated examiner does not hold a PhD please specify their qualifications:

MANDATORY RESERVE EXAMINER

Note: Agreement to examine is not required from the reserve examiner.

Full Name:

Title:

Position:

Institution:

Department:

Phone Number:

Email Address:

Gender:

M

F

N

Australian Resident:

Yes

No

Expertise and international standing:

Supervisory and/or examining experience:

If the nominated examiner does not hold a PhD please specify their qualifications:

ENDORSEMENT AND APPROVALS

In recommending these examiners the signatories are confirming that:

- A justification for selection has been provided;
- There are no conflicts of interest or a sound mitigation strategy has been provided, and;
- The candidate is unaware of the final selection of examiners.

Further, each signatory acknowledges that only the Dean of Graduate Research, or delegate, may communicate with the examiners regarding the examination process while the thesis is under examination.

Supervisor Signature:

Date:

Head of School Nominee Name:

HOS Signature:

Date:

Assistant Dean Research Training Name:

ADRT Signature:

Date: