

Nomination of Thesis Examiners

For research degree students

Before completing this form please consult section 5 of <u>Procedure AB-58 P6 Research Degrees Thesis</u>

(i) <u>Preparation and Examination.</u>

Fields marked with * are mandatory and must be completed in order for form to be processed.

PART 1: STUDENT	JET AILS					
Student ID*						
First Name*						
Family Name*						
PART 2: PROG	RAM DETAILS					
Program*	□ Doctor of Philosophy					
	□ PhD Containing Published Research (1 or more published works)					
	□ PhD by Major Studio Project (Artefact)					
	□ Professional Doctorate (Research)					
	□ PhD by Portfolio of Publications					
	☐ Masters by Research					
	☐ Masters by Major Studio Project (Artefact)					
If this is a PhD or Maste School of Art, Architectu	ers with Artefact re and Design exhibition dates:					
Program Code	Program Title					
Academic Unit /Centre/ Institute						
Principal Supervisor*						
Co-Supervisor						
Thesis Title						
Confidential Disclosure provided*	□ Yes - signed agreement attached for each examiner					

PART 3: EXAMINER DETAILS								
Examiner 1 details								
Title*		Given Names*						
Family name*								
Mailing Address (Physical Lo	cation)						
University/busin	ess name*							
Address 1*								
Address 2								
Address 3								
Address 4								
City/suburb*			Ро	stcode*			State	
Country/district			Co	untry*				
Telephone*			Fac	csimile				
Mobile				nail*				
Expertise in the	area of the	sis (do not put 's	ee CV')*					
Evidence of international standing (do not put 'see CV')* Prior Relationship*								
This person has				□ Yes		No		
Has the examine thesis in any way		olved in the stude	ent's	□ Yes		No		
Does the examin		adjunct position	at UniSA?*	□ Yes		No		

Examiner 2 details								
Title*		Given Names*						
Family name*								
Mailing Address (Physical Lo	cation)						
University/busin	University/business name*							
Address 1*								
Address 2								
Address 3								
Address 4								
City/suburb*			Р	ostcode*			State	
Country/district			С	ountry*				
Telephone*			F	acsimile				
Mobile				mail*				
Expertise in the area of thesis (do not put 'see CV')* Evidence of international standing (do not put 'see CV')* Prior Relationship*								
This person has	agreed to	examine the thes	is*	☐ Yes	s 🗆 N	No		
thesis in any way	/?*	olved in the stude		☐ Yes		No No		
Does the examin	ei iiviu ali	aujunici position	at UIIISA	· L res	s □ N	NU		

Examiner 3 details							
Title*		Given Names*					
Family name*							
Mailing Address (Physical Lo	cation)					
University/busin	ess name*						
Address 1*							
Address 2							
Address 3							
Address 4							
City/suburb*			Post	code*		State	
Country/district			Cour	ntry*			
Telephone*			Facs	imile			
Mobile		sis (do not put 's	Emai	il*			
Evidence of international standing (do not put 'see CV')* Prior Relationship*							
	_	examine the thesi		□ Yes	□ No		
thesis in any way	/?*	olved in the stude		□ Yes	□ No		
Does the examin	er noid an	adjunct position	at UniSA?*	□ Yes	□ No		

PART 4: SUPERVISOR & DEAN APPROVAL						
	☐ All information is complete and correct*					
	□ CVs for all examiners are attached*					
	Signed CDDs a	re attached*				
Princi _l Name	oal Supervisor					
Princi Signat	oal Supervisor ure*		Date:			
	of Research (or te) Name*					
	of Research (or ate) Signature*		Date			
PART 5: ACADEMIC UNIT STAFF						
	submit a change of supervision form)					
Please check and submit the completed form and relevant documents to Research Examinations : Student & Academic Services via email research.examinations@unisa.edu.au						