

School of Health Care Sciences

**SOHCS PG Committee**

**APPOINTMENT OF EXAMINERS FOR PG STUDENTS**

1. **Criteria for appointment of external examiners** 
   1. **MASTERS external**

* One external examiner
* UP criteria apply
* at least 3 publications,
* at least 2 completed Master’s supervised,
* at least 2 Masters examined
  1. **PhD EXTERNAL**
* One national external examiner **and** one international external examiner
* UP criteria apply
* at least 6 relevant publications,
* At least 4 masters supervised to completion, and
* Currently supervising PhDs and
* Examined at least 2 PhDs, and 2 masters

1. **Criteria for appointment of internal examiners**

Preferably UP-based and in the department, but the examiner can be from another department, school, or faculty.

The aim remains quality assurance, whilst grooming our own timber.

* 1. **PhD internals**
* One internal examiner from UP
* Must have a PhD
* At least 4 publications,
* At least 4 Masters (combination of completed and busy supervising)
* At least 2 masters exams (internal and/or external)
* Previous PhD examinations are an advantage, but not a requisite
  1. **Master’s internal examiners**
* Must have a master’s degree
* Supervising at least 1 master’s
* At least 2 publications and working in the field
* Develop own timber – if a candidate has not supervised a master’s to completion, s/he can be mentored in this process. A second internal examiner should be appointed to mentor the new candidate on how to evaluate a master’s dissertation.

1. **Process of approval in SOHCS** 
   1. Preferably six months before submission of the dissertation or thesis, the HoD should submit all the documents indicated below, to the SOHCS PG Committee.
   2. A subcommittee from the PG Core Committee will evaluate each examiner according to the above-mentioned criteria. This is a quality assessment.
   3. Supervisors need to submit the following for each examiner:
      1. Full CV
      2. SOHCS letter of appointment of an examiner, signed by the examiner **(Annexure A)**
      3. PG Candidate submission form **(Annexure B)**

* Including the details of the examiner
* Signed by the HoD (This means the HoD approved the examiner)
  1. When examiners in a specific specialisation area need to be appointed but do not meet all criteria, a letter of motivation from the HOD should accompany the appointment.
  2. The supervisor will be informed that the examiners are approved by SoHCS

**Annexure A**

**Appointment as examiner**

Dear colleague,

This letter serves as a request to act as an examiner for a postgraduate student and mark the Master’s dissertation / PhD Thesis (choose one) for the School of Healthcare Sciences in the Faculty of Health Sciences, University of the Pretoria.

The student’s details are as follows:

|  |  |
| --- | --- |
| Student name: |  |
| Student number: |  |
| Programme: |  |
| Title: |  |
| Supervisor: |  |
| Co-supervisor: |  |

Thank you for offering to be an:

|  |  |
| --- | --- |
| Internal examiner |  |
| External examiner |  |

To be appointed as an examiner, we need the following information as indicated below. Please attach your full CV as well.

|  |  |  |
| --- | --- | --- |
| **Title:** |  | |
| **Surname:** |  | |
| **Full names:** |  | |
| **HPCSA / SANC number:** |  | |
| **Institution:** |  | |
| **Department:** |  | |
| **Current position held:** |  | |
| **Physical address:** | **Street address** |  |
|  | **Office number** |  |
|  | **City** |  |
|  | **Postal code** |  |
|  | **Country** |  |
| **Email:** |  | |
| **Office telephone number:** |  | |
| **Mobile phone number:** |  | |
| **Highest qualification:** |  | |
| **Number of Master’s theses supervised to completion:** |  | |
| **Number of Doctoral theses supervised to completion:** |  | |
| **Number of Master’s theses examined:** |  | |
| **Number of Doctoral theses examined:** |  | |
| **Number of publications:** |  | |
| **Any other motivation for expertise:** |  | |
| *I hereby confirm that I am to examine the Master’s research report / Master’s dissertation / PhD thesis within the time stipulated (six weeks upon receipt of the research project).* | | |
| **Examiner’s signature:** |  | |
| **Date:** |  | |

Thank you for your willingness to participate in this process.

The PG office of the Faculty of Health Science will be in communication with you shortly.

**Annexure B**

UNIVERSITY OF PRETORIA

**FACULTY OF HEALTH SCIENCES**

**POSTGRADUATE CANDIDATE SUBMISSION FORM**

# ………… DEGREE STUDIES

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Encircle A or B:** | A | First submission  (Without external examiners) | B | Second submission  (With external examiners) |

### NB! ONLY TYPED FORMS WILL BE ACCEPTED

**1. DETAILS OF CANDIDATE**

|  |  |
| --- | --- |
| **FIELD OF STUDY eg.PhD [Anat]** |  |
| **Title** |  |
| **Full Names and Surname** |  |
| **Student Number** |  |
| **Postal Address** |  |
| **Physical Address** |  |
| **Email Address** |  |
| **Cell phone No** |  |
| **Present Qualifications** |  |
| **Institution Qualifications obtained** |  |
| **INTERNATIONAL STUDENT:**  **Attach SAQA Certificate** |  |

|  |  |  |
| --- | --- | --- |
| 2. | **TITLE** |  |

|  |  |  |
| --- | --- | --- |
| 3. | **AMENDED TITLE** |  |

**4. SUPERVISOR**

|  |  |
| --- | --- |
| **Title** |  |
| **Full Names and Surname** |  |
| **UP Persal No** |  |
| **Postal Address** |  |
| **Physical Address** |  |
| **Email Address** |  |
| **Cell phone No** |  |
| **Highest Qualification** |  |
| **Institution Qualifications obtained** |  |

**5. CO-SUPERVISOR (A)**

|  |  |
| --- | --- |
| **Title** |  |
| **Full Names and Surname** |  |
| **UP Persal No** |  |
| **Postal Address** |  |
| **Physical Address** |  |
| **Email Address** |  |
| **Cell phone No** |  |
| **Highest Qualification** |  |
| **Institution Qualifications obtained** |  |

**6. INTERNAL EXAMINER**

**Note: *The name must not be made known to the candidate***

|  |  |
| --- | --- |
| **Title** |  |
| **Full Names and Surname** |  |
| **UP Persal No** |  |
| **Postal Address** |  |
| **Physical Address** |  |
| **Email Address** |  |
| **Cell phone No** |  |
| **Highest Qualification** |  |
| **Institution Qualifications obtained** |  |

**7. EXTERNAL EXAMINER (A)**

**Note: *The name must not be made known to the candidate***

|  |  |
| --- | --- |
| **Title** |  |
| **Full Names and Surname** |  |
| **ID No** |  |
| **Postal Courier Address** |  |
| **Physical Address** |  |
| **Email Address** |  |
| **Cell phone No** |  |
| **Highest Qualification** |  |
| **Institution Qualification obtained** |  |

**8. EXTERNAL EXAMINER (A)**

**Note: *The name must not be made known to the candidate***

|  |  |
| --- | --- |
| **Title** |  |
| **Full Names and Surname** |  |
| **ID No** |  |
| **Postal Courier Address** |  |
| **Physical Address** |  |
| **Email Address** |  |
| **Cell phone No** |  |
| **Highest Qualification** |  |
| **Institution Qualification obtained** |  |

**9. MAIN SUBJECT (Passed)**

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1. **SUBSIDIARY SUBJECTS (Passed)** e.g., VNM 800

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1. **RECOMMENDATION AND APPROVAL**

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**RECOMMENDED: HEAD OF DEPARTMENT** **DATE**

……………………………………………………………………………………….…………………

#### APPROVED: CHAIRPERSON SOHCS PG COMMITTEE DATE

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#### APPROVED: DEAN DATE