UNIVERSITY OF PRETORIA

**FACULTY OF HEALTH SCIENCES**

# DOCTORAL DEGREE STUDIES

**EXAMINERS FORM**

# NB! ONLY TYPED FORMS WILL BE ACCEPTED

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Encircle A or B:** | A | First submission  | B | Second submission |

**1. DETAILS OF CANDIDATE: STUDENT NO:**

 Title, Initials and Surname:

 Address:

 Postal Code: Telephone: (H) (W)

 Present Qualifications and where obtained:

Field of Study:

1. **TITLE OF DISSERTATION:**
2. **SUPERVISOR:**  **DEPARTMENT/DIVISION:**

1. **CO-SUPERVISOR(S):**
2. **INTERNAL EXAMINER(S): Name and Surname (1 Internal examiner preferably from another department)**
3. **EXTERNAL EXAMINER(S): Name and Surname (2 External examiners and 1 must be an international examiner)**

**NB: Each examiner’s CV must accompany this form together with the CV template page provided on the overleaf.**

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

………………………………………………………………… ……………………………………… **APPROVED: CHAIRPERSON PhD COMMITTEE** **DATE**

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#### APPROVED: DEAN DATE

**PhD EXAMINERS CV TEMPLATE FORM**

|  |  |
| --- | --- |
| **Examiners Title:** |  |
| **Examiners Name and Surname:** |  |
| **Highest degrees held and date obtained:** |  |
| **Current Position held:** |  |
| **Honorary position held and date:** |  |
| **Physical workplace Address:** |  |
| **Institution name:** |  |
| **Email address:** |  |
| **Office Telephone Numbers:** |  |
| **Mobile Number:** |  |

|  |  |  |
| --- | --- | --- |
| **Number of Postgraduate students supervised to completion:** | **Masters level** | **PhD or equivalent** |
|  |  |
| **Number of previous postgraduate research reports/dissertations/ theses examined:** | **Masters Level** | **PhD or equivalent** |
|  |  |