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| Examiner Appointment form |

UNIVERSITY OF PRETORIA

**FACULTY OF HEALTH SCIENCES**

# NOMINATION OF EXAMINERS

### NB! ONLY TYPED FORMS WILL BE ACCEPTED. COMPLETE ALL SHADED BLOCKS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **MPH** | **MSc** | **MMed** | **PhD** | |
|  |  |  |  | |
| \* Mark the single correct/appropriate box with an X. Please leave the other two boxes unmarked | | | | |
| **THESIS CODE: (from the yearbook, e.g. PHR 870 for MPH** | | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **1.** | **DETAILS OF CANDIDATE:** |  | **STUDENT NO:** |  |
|  | Title, Initials and Surname: |  | | |

|  |  |
| --- | --- |
| **2.** | **TITLE OF DISSERTATION:** |
|  |  |

|  |  |  |
| --- | --- | --- |
| **3.** | **SUPERVISOR/CO-SUPERVISOR:** | |
|  | Title, Initials and Surname: |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **4.** | **INTERNAL EXAMINER:** | ***NB! The name may not be made known to the candidate*** | | |
|  | Title, Initials and Surname: | | Office Address: |  |
|  |  | |  |
|  | Highest qualification | |  |
|  |  | | Tel no.: |  |
|  | Where obtained: | | Email address: |  |
|  |  | | |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **5.** | **EXTERNAL EXAMINER:** | ***NB! The name may not be made known to the candidate*** | | |
|  | Title, Initials and Surname: | | Address: |  |
|  |  | |  |
|  | Highest qualification | |  |
|  |  | |  |
|  | Where obtained: | | Cell no.: |  |
|  |  | | Email address: |  |
|  | Number of postgraduate students  (Masters and PhD) supervised to completion | |  |  |
|  |  | |  |  |
|  | Number of previous postgraduate research reports/dissertations/ theses examined: | |  |  |
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**RECOMMENDED: SUPERVISOR (Signature)** **DATE**

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#### APPROVED: Chairperson Postgraduate Committee DATE

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### *NB: This section is for MSc / MMed / PhD Students only*

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#### APPROVED: DEAN DATE