

Nomination of Examiners Form - Honours

Name of Student:	_Student No:		
School:	Principal Supervisor:		
Thesis Title / Topic:			
RECOMMENDED EXAMINERS: Please nominate at least 2 examiners, (one e	examiner should be external to ECU).		
For EXTERNAL examiners, please provide ful For ALL examiners, please provide a brief CV details.	•		
NOMINEE #1 Name:			
Title: Professor \Box A/Prof. \Box Dr \Box other	□ (please specify title)		
Academic Qualifications:			
External to ECU: Yes 🗌 No 🔲			
Has the nominee been contacted as to their	availability to examine?Yes 🗌 No 🗌		
Format by which they wish to receive thesis:	inted		
Mailing Address:			
Phone: Email:			
	the area of study, including relevant research		

NOMINEE #2 Name:
Title: Professor \Box A/Prof. \Box Dr \Box other \Box (please specify title)
Academic Qualifications:
External to ECU: Yes 🗌 No 🗍
Has the nominee been contacted as to their availability to examine? Yes $\ \square$ No $\ \square$
Format by which they
Mailing Address:
Phone:
Email:
Notes: (Please describe their involvement in the area of study, including relevant research and publications).

DECLARATION:					
We declare that we, the Candidate and Principal Supervisor are completely independent of these nominated Examiners and the nominated Examiners will have no conflict of interest in examining this Candidates thesis. As Candidate and Principal Supervisor we agree that there will be no communication between us and the examiners during the examination process that could compromise the integrity of the process					
Examiners Nominated by the Principal Supervisor in consultation with the candidate					
Principal Supervisor	Signature				
Candidate:	Signature	Date:	_/	_/	
Nominations endorsed by Head of School:					
Signature Date://					

Please return this Form to your School Honours Coordinator