



APPOINTMENT OF EXAMINERS FOR VIVA VOCE

SECTION A

Name of Student			
Department or Institute:			
Thesis Title:			
BA, BSc, MA, MSc, MBA, MEng: (Please select any)		Expected Thesis Submission date:	

Principal Supervisor (Prof/Dr/etc)			
Email:		Tel:	

Subsidiary Supervisor (Prof/Dr/etc)			
Email:		Tel:	

PROPOSED INTERNAL EXAMINER (from the School/Department of the candidate)

Name (Prof/Dr/etc):			
Department & School			
Email:			
Expertise			

PROPOSED EXTERNAL EXAMINER

Name (Prof/Dr/etc):			
Department & School			
Email:			
Expertise			

.....
Name/Signature of Chair of Thesis Committee

.....
Date

.....
Name/Signature of University Thesis Coordinator

.....
Date