

NOMINATION OF THESIS EXAMINERS

Information on examination procedures is available from our [webpage](#) or the Graduate Research School. Before completing this form please ensure that you have read the information on [independence of examiners](#). The completed form/submission and a **copy of the thesis abstract** should be submitted to the Thesis Examinations team via examination-grs@uwa.edu.au at least **three weeks** prior to the intended thesis submission date.

[GRS OFFICE USE ONLY]

Dean, GRS RECOMMENDATION: <input type="checkbox"/> APPROVED <input type="checkbox"/> NOTAPPROVED <input type="checkbox"/> FURTHER INFORMATION	Dean, GRS SIGNATURE: DATE:
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STUDENT DETAILS

Surname:		Student ID:	
Given Names:		Submission Date:	
Schools:			
Name of Degree:			
Component:			
Supervisors: (List ALL supervisors)*			
Thesis Title:			
Will this student undertake a viva voce?*	<input type="checkbox"/> YES	<input type="checkbox"/> NO	

*For external supervisors please provide a list of all publications for the past five years or a URL at which the complete list can be found. **Viva voce is available for PhD students only and is compulsory for any enrolments from 1 January 2018.

DETAILS OF NOMINATED EXAMINERS AND SUPPORTING DOCUMENTATION

- ❖ Examiners will be sent the thesis in electronic (PDF) format unless they request a hard copy
- ❖ Include a full justification for the nomination of each examiner, addressing issues of expertise and relevance. Please include their professional affiliations.
- ❖ Please attach a list of all publications for the past five years for each nominated examiner. Where this list will exceed 3 pages, please provide a URL for where the complete list can be found.

IMPORTANT NOTES FOR GRADUATE RESEARCH COORDINATORS

- ❖ For PhDs and other doctoral degrees where there will **not** be a viva voce:
 - The names of **three** examiners and a reserve fourth examiner are required. At least two of the student's examiners must be external to the state of Western Australia.
- ❖ For PhDs where there **will** be a viva voce:
 - The names of **two** examiners and a reserve third examiner are required. At least one of the student's examiners must be external to the state of Western Australia.
 - Two nominees as potential Chair for the viva. The Chair is normally a senior academic registered as a Level 2 or 3 UWA supervisor with extensive supervision experience and a track record of successful, timely completions. They are normally from a discipline area related to the thesis topic, but they will have had no direct involvement with the candidate's PhD.
- ❖ For master degrees the names of **two** examiners and a reserve third examiner are required. At least one of the student's examiners must be external to Western Australia. In exceptional circumstances, other arrangements may be approved (see the relevant course rules <http://handbooks.uwa.edu.au/rules>).
- ❖ Students must be consulted and agree to the nomination of examiners, but must not communicate with them on any issues related to the examination of the thesis before the viva voce, if there is one (see the relevant course rules <http://handbooks.uwa.edu.au/rules>).
- ❖ The Board of the Graduate Research School allows examiners 6 weeks to complete a report. The Honorarium is currently the *Universities Australia* recommended amount (PhD AUD\$495, Masters AUD\$278). The payment for examining a thesis or the creative component of degrees with both a thesis and creative component is an additional \$100.

Examiner 1

Title: First Name: Last Name:
 Telephone: Email: Institution:
 Prefers attending viva voce (if applicable) In person Video-conference N/A
 Special request:
 Correspondence Address:
 (strictly no PO Box address)
 Justification:

Examiner 2

Title: First Name: Last Name:
 Telephone: Email: Institution:
 Prefers attending viva voce (if applicable) In person Video-conference N/A
 Special request:
 Correspondence Address:
 (strictly no PO Box address):
 Justification:

Examiner 3

Title: First Name: Last Name:
 Telephone: Email: Institution:
 Prefers attending viva voce (if applicable) In person Video-conference N/A
 Special request:
 Correspondence Address:
 (strictly no PO Box address):
 Justification:

Reserve Examiner

Title: First Name: Last Name:
 Telephone: Email: Institution:
 Prefers attending viva voce (if applicable) In person Video-conference N/A
 Special request:
 Correspondence Address:
 (strictly no PO Box address):
 Justification:

Chair of the Viva Voce Panel (if applicable):

1. Title and Name:

School:

Supervisory Level:

2. Title and Name:

School:

Supervisory Level:

STUDENT DECLARATION

I have been consulted about the examiners nominated and agree to their nomination

OR

I have been consulted about the examiners nominated and have reservations about their nomination as detailed in the attached note to the Dean of the Graduate Research School

Student signature:

Date:

COORDINATING SUPERVISOR/S DECLARATIONS

All of the student's supervisors have been consulted about the nominated examiners and agree to their nomination and the information in this form, certified on their behalf by the Coordinating Supervisor/s.

The nominated examiners have been invited by the supervisors and have agreed to undertake the examination. If there is to be a viva voce the examiners have agreed to attend, either in person or by video conference.

The supervisors have notified all examiners about UWA's policy of full release of examiners' names and reports and the strict requirement that the examiners may not communicate with either the student or the supervisors during the examination.

A list of recent publications is ATTACHED for each nominated examiner.

The supervisors confirm that the nominated examiners comply with the eligibilities as listed in the Conflict of Interest and Independence of Examiners Policy (<http://www.postgraduate.uwa.edu.au/students/policies/examiner-independence>)

AND

(a) The supervisors confirm that to their knowledge the nominated examiners have had no previous association with the student, supervisors or University and that there is no potential for a [perceived or actual conflict of interest](#) in the nomination of these examiners;

OR (b) The supervisors declare that one or more of the nominated examiners has previously been, or is planned to be, associated with the student, supervisors or University in some way, as outlined in an attached statement, but in the supervisors' assessment there is no potential for perceived or actual conflict of interest. A statement addressing this is attached.

OR

(c) The supervisors declare that there is a potential for a [perceived or actual conflict of interest](#) pertaining to the nominated examiner/s. A statement addressing this is attached.

CONFIDENTIALITY

Either:

(a) this student has no issues of confidentiality which will affect the examination of the thesis.

OR

(b) this student is under obligation to request for a confidential examination on the thesis.

Coordinating Supervisor Name:	Signature:	Date:
Coordinating Supervisor Name: (Joint School if applicable)	Signature:	Date:

GRADUATE RESEARCH COORDINATOR/S DECLARATIONS

I endorse the contents of this form.

AND

(a) I am satisfied that there is no potential for a [perceived or actual conflict of interest](#) in the nomination of these examiners

OR

(b) There is a potential for a [perceived or actual conflict of interest](#) pertaining to the nominated examiner/s. A statement addressing this is attached.

Graduate Research Coordinator Name:	Signature:	Date:
Graduate Research Coordinator Name: (Joint School if applicable)	Signature:	Date: