**Appointment of an Internal Examiner for an Oral Examination**

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| **Name of proposed internal examiner** |  |

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| ***Please provide details below of the student to be examined:*** | | | |
| **Name** |  | | |
| **Student ID Number** |  | | |
| **Director of Studies** |  | | |
| **Other Members of the Supervisory Team** |  | | |
| ***Please provide details below of the proposed Internal Examiner:*** | |  |  |
|  | | Yes | No |
| Is the proposed internal examiner an approved Research Supervisor? | |  |  |
| Do the proposed internal examiner’s qualifications match what is to be examined? | |  |  |
| Are the proposed internal examiner’s academic/professional qualifications appropriate to the level of the thesis | |  |  |

**Approval of the recommendations**

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| As Director of Studies I endorse this recommendation on behalf of the supervisory team: | | |
| Name | Signature | Date |
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| As Head of School I endorse that the proposed internal examiner fulfils the criteria for approval: | | |
| Name | Signature | Date |
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| As Chair of Research Degree Sub Committee I formally approve this appointment:  *[In cases where the Chair of Research Degree Sub Committee is Head of School or a member of the Supervisory Team, or the proposed Internal Examiner, the Chair of Research Committee shall complete this section instead of the Chair.]* | | |
| Name | Signature | Date |
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