



# APPOINTMENT OF EXAMINERS FORM

**This form is to be completed by the principal supervisor and Head of School/Nominee.**

The Candidate must not be involved in the completion of this form and the names of the nominated examiners are not to be disclosed to the candidate.

Please read the associated [Guidelines](#) before completing this form. Forward the completed and approved form to Graduate Research ([thesis@newcastle.edu.au](mailto:thesis@newcastle.edu.au)).

## CANDIDATE DETAILS

**Family Name:**

**Given Name:**

**Student Number:**

**Principal  
Supervisor:**

**Co-Supervisor/s:**

**Thesis Title:**

**Is this research commercial-in-confidence?**

Yes

No

## RECOMMENDED EXAMINERS

Examiner 1

**Full Name:**

**Title:**

**Position:**

**Institution:**

**Department:**

**Phone Number:**

**Email Address:**

**Date the agreement to examine was received:**

**Expertise and  
international  
standing:**

**Supervisory and/  
or examining  
experience:**

**If the nominated  
examiner does not  
hold a PhD please  
specify their  
qualifications:**

Examiner 2

**Full Name:**

**Title:**

**Position:**

**Institution:**

**Department:**

**Phone Number:**

**Email Address:**

**Date the agreement to examine was received:**

**Expertise and  
international  
standing:**

**Supervisory and/or  
examining  
experience:**

**If the nominated  
examiner does not  
hold a PhD please  
specify their  
qualifications:**

## MANDATORY RESERVE EXAMINER

Note: Agreement to examine is not required from the reserve examiner.

**Full Name:**

**Title:**

**Position:**

**Institution:**

**Department:**

**Phone Number:**

**Email Address:**

**Expertise and  
international  
standing:**

**Supervisory and/  
or examining  
experience:**

**If the nominated  
examiner does not  
hold a PhD please  
specify their  
qualifications:**

## ENDORSEMENT AND APPROVALS

In recommending these examiners the signatories are confirming that there are no real or perceived conflicts of interest or a sound mitigation strategy has been provided.

Further, each signatory acknowledges that only the Dean of Graduate Research, or delegate, may communicate with the examiners regarding the examination process while the thesis is under examination.

**Supervisor Signature:**

**Date:**

**Head of School /  
Nominee Name:**

**Head of School/  
Nominee Signature:**

**Date:**