

# RHODES UNIVERSITY

## Appointment of Examiners - Masters and Doctoral candidates

This form may be obtained in electronic form from the Science Faculty website at <http://www.scifac.ru.ac.za/forms.htm>

Heads of Departments are requested to complete this form in respect of **all** information requested, so that the matter of examiners may be placed before the Faculty Board (and Senate, in the case of Doctoral candidates) at the earliest opportunity. Please download the form, edit it electronically, and then e-mail the electronic version to the Registrar's Division ([academicadmin@ru.ac.za](mailto:academicadmin@ru.ac.za)), together with a printed copy bearing the Head of Department's signature of approval.

*Please do not assume that the Registrar's Division already has any of this information, or expect the staff of the Division to extract it from previous candidates' files.*

You are reminded that

- Masters theses are examined by two (2) examiners, at least one of whom must be external, and at least one of whom must be a member of academic or research staff at a University, and neither of whom may be the candidate's supervisor.
- Doctoral theses are examined by three (3) external examiners, at least two of whom must be members of academic or research staff at a University
- It is not permitted to have two examiners affiliated to the same institution.
- Consent to act as an examiner should be sought from each examiner nominated **before** approval is sought from the Board.
- The nomination of examiners must have the approval of the Head of Department.
- A "Physical address" (a full courier address) must be supplied for each examiner proposed, suitable for use by a courier firm.
- The "Affiliation address" is for the benefit of Board agenda, and can be simpler - for example "Department of Zoology, University of Namibia".

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Student title, name and initials (eg Ms AB Jones):

Student number (eg 602J1234):

Masters / Doctoral (delete as appropriate) candidate in (subject):

in the Department of:

Thesis Title in full:

Supervisor:

Co-supervisor(s) (if applicable):

Is the candidate a member of staff or directly related to a member of staff?

Has the candidate had any interaction with any of the proposed examiners?

If so, please give full details

**Proposed Examiners (consent must have been obtained)**

**Examiner 1:** Title and name:

Highest degree:

Where obtained:

Physical (Courier) address: (for courier delivery of thesis and official correspondence)

Telephone number:

Fax number:

E-mail address:

Short affiliation address: (for agenda)

Please give a short motivation for nominating this examiner. A full CV is not required, but it will be helpful to know brief details of the examiner's recent career, publication output, academic status, and standing in the field. It would also be helpful to know whether and how often the nominee has acted as an examiner in your department previously.

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**Examiner 2:** Title and name:

Highest degree:

Where obtained:

Physical (Courier) address: (for courier delivery of thesis and official correspondence)

Telephone number:

Fax number:

E-mail address:

Short affiliation address: (for agenda)

Please give a short motivation for nominating this examiner. A full CV is not required, but it will be helpful to know brief details of the examiner's recent career, publication output, academic status, and standing in the field. It would also be helpful to know whether and how often the nominee has acted as an examiner in your department previously.

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**Examiner 3:** Title and name:

Highest degree:

Where obtained:

Physical (Courier) address: (for courier delivery of thesis and official correspondence)

Telephone number:

Fax number:

E-mail address:

Short affiliation address: (for agenda)

Please give a short motivation for nominating this examiner. A full CV is not required, but it will be helpful to know brief details of the examiner's recent career, publication output, academic status, and standing in the field. It would also be helpful to know whether and how often the nominee has acted as an examiner in your department previously.

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Signature of approval of Supervisor:

Signature of approval of Head of Department:

Signature of approval of Dean:

Date: