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| IIC logo_01 | Graduate Students Service |
| **NOMINATION OF EXAMINER FOR THESIS** |

PART A TO BE COMPLETED BY SUPERVISOR

1. Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Matric No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Year of Study. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Field of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Faculty/Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Proposed Nomination of External Examiner

|  |  |
| --- | --- |
| Chairman Examiner | Signature and Official Stamp |
| Name:  Specialization  Correspondent Address:  Phone No.  Fax Number:  E-mail:  Skype/ooVoo ID:  Justification: | Proposed By,  ………………………………  (Name)  ……………………….  (Date)  Supported By,  ………………………………  (Name)  ……………………….  (Date) |

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| --- | --- |
| Examiner Two | Signature and Official Stamp |
| Name:  Specialization  Correspondent Address:  Phone No.  Fax Number:  E-mail:  Skype/ooVoo ID:  Justification: | Proposed By,  ………………………………  (Name)  ……………………….  (Date)  Supported By,  ………………………………  (Name)  ……………………….  (Date) |

|  |  |
| --- | --- |
| Examiner Two | Signature and Official Stamp |
| Name:  Specialization  Correspondent Address:  Phone No.  Fax Number:  E-mail:  Skype/ooVoo ID:  Justification: | Proposed By,  ………………………………  (Name)  ……………………….  (Date)  Supported By,  ………………………………  (Name)  ……………………….  (Date) |

Please tick and sign.

I have consulted the nominated examiner and they agree to the nomination.

I have submitted the full CV and brief profile of the nominated examiner.

……………………………………………………… ……………………………………………………

Signature of Supervisor Date

PART B ENDORSEMENT BY HEAD OF PROGRAMME

Endorsement Head of Programme:

Endorsed Not Endorsed

……………………………………………………… ……………………………………………………

Signature and Official Stamp Date

PART C FOR OFFICE USE

Approval of Management Committee:

Approved Not Approved

Academic Board Meeting No :

Date :