

COLLEGE OF HUMANITIES

APPOINTMENT OF EXAMINERS FOR MASTERS COURSEWORK / RESEARCH

SCHOOL'S RESEARCH & HIGHER DEGREES COMMITTEE MEETING HELD ON:

NAME & STUDENT #		DEGREE	Masters
DISCIPLINE		SCHOOL	
TITLE OF DISSERTATION			
SUPERVISOR (incl. Title and staff number)			
CO-SUPERVISOR (incl. Title and staff number)			
INTERNAL EXAMINER	NOMINATED EXAMINER <u>NAME & TITLE:</u>		
Name, qualification, address, tel. no. & e-mail address	Qualification: Postal address: Physical address: Telephone: E-mail address:		
BRIEF MOTIVATION			
EXTERNAL EXAMINER	NOMINATED EXAMINER <u>NAME & TITLE:</u>		
Name, qualification, address, tel. no. & e-mail address	Qualification: Postal address: Physical address: Telephone: E-mail address:		
BRIEF MOTIVATION			
ALTERNATIVE EXTERNAL EXAMINER	NOMINATED EXAMINER <u>NAME & TITLE:</u>		

Name, qualification, address, tel. no. & e-mail address	Qualification: Postal address: Physical address: Telephone: E-mail address:
BRIEF MOTIVATION	
Academic Leader of Research	Name: Signature: Date:
College Dean of Research	Name: Signature: Date: