

## Nomination of examiners: FMHS master's by research

<b>Faculty</b>	Medicine and Health Sciences
<b>Academic Environment</b>	
<b>Research master's programme</b>	
<b>Student number</b>	
<b>Student surname</b>	
<b>First name</b>	
<b>Title of thesis</b>	
<b>Main supervisor: Title Initial Surname</b>	
<b>Main supervisor email</b>	
<b>Co-supervisor (1) if applicable: Title Initial Surname and Email</b>	
<b>Co-supervisor (2) if applicable: Title Initial Surname and Email</b>	
<b>Co-supervisor (3) if applicable: Title Initial Surname and Email</b>	
<b>Co-supervisor (4) if applicable: Title Initial Surname and Email</b>	

### NOTICE:

- Information from this form is digitally drawn into official communication. Please complete the form meticulously to avoid examination delays.
- Nominations require a regular email and cell/mobile number for each examiner. Ensure this information is included to avoid nomination delays.
- The form should be submitted to [tyg-phd@sun.ac.za](mailto:tyg-phd@sun.ac.za) in a single email, together with a Postgraduate Programme Committee (PPC) report accompanied by a CV for each external examiner, for consideration by the FMHS Committee for Postgraduate Research (CPR). See [this link](#).

## NOMINATION OF EXTERNAL EXAMINER

<b>Title Name Surname</b>	
<b>One sentence to motivate the nomination of this examiner</b>	
<b>Disclose any close association between this examiner and the supervisor, candidate, or study, or confirm if not Applicable</b>	
<b>Examiner highest qualification</b>	
<b>Area of expertise</b>	
<b>Institution</b>	
<b>Position</b>	
<b><u>Verified</u>, regular email address</b>	
<b>Alternative email address</b>	
<b>Cell number</b>	<b>Landline number</b>
<b>Supervision experience: Number of students graduated: (An abridged CV of 1 page may be attached)</b>	
<b>Examination experience: Number of students examined</b>	

**Recent publications (last 5 years)**

## NOMINATION OF INTERNAL EXAMINER

Title Name Surname	
One sentence to motivate the nomination of this examiner	
Disclose any close association between this examiner and the supervisor, candidate, or study, or confirm if not Applicable	
Examiner highest qualification	
Area of expertise	
Institution	
Position	
<u>Verified</u> , regular email address	
Alternative email address	
Cell number	Landline number

Complete the section below only if a second **external** examiner is being nominated. This information may be excluded in case of an internal examiner.

<b>Supervision experience: Number of students graduated:</b> (An abridged CV of 1 page may be attached)
<b>Examination experience: Number of students examined</b>

Recent publications (last 5 years)

**REMINDER:** This form should be submitted together with a PPC report accompanied by a CV for each external examiner, by email to [tyg-phd@sun.ac.za](mailto:tyg-phd@sun.ac.za). Find CPR agenda closing dates at this link:

<https://www.su.ac.za/en/faculties/medicine/doctoral-office/fmhs-committee-postgraduate-research>.