



**MASSEY UNIVERSITY**  
GRADUATE RESEARCH SCHOOL

**NOMINATION OF EXAMINERS FOR DOCTORAL EXAMINATION**

Examiners should normally be senior in experience to the candidate and should not have been involved in any supervisory or significant advisory roles in relation to the candidate's project. Examiners should be nominated within 3 months prior to the expected submission date. The names of the examiners are to remain **CONFIDENTIAL** and are not to be revealed to the candidate under any circumstances. The candidate should however, be given the opportunity to identify to their supervisor any person(s) whom they would consider suitable or unsuitable to examine the thesis.

**Part A: Candidate Details:**

**Family Name:** \_\_\_\_\_ **Given Name(s):** \_\_\_\_\_

**ID Number:** \_\_\_\_\_ **Degree:** PhD  DBA  DClinPsych  EdD

**Campus:** AK  PN  WN

**Title of Thesis:** \_\_\_\_\_

**Part B: Examiners Details:**

Where an appropriate examiner cannot be obtained from any category, two New Zealand or two overseas examiners can be proposed. A covering note of explanation should be provided. If two overseas examiners are approved, one examiner will be expected to participate in the oral via teleconference.

**NZ Examiner**

**Overseas Examiner**

Title: (eg. Prof, Dr) \_\_\_\_\_

Family Name: \_\_\_\_\_

Given names: \_\_\_\_\_

Highest Qualification: \_\_\_\_\_

Institution obtained: \_\_\_\_\_

Current position: \_\_\_\_\_

Physical address: \_\_\_\_\_

(for courier delivery): \_\_\_\_\_

Landline phone: \_\_\_\_\_

Cellphone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Has been informally contacted: Yes  No

Has previously examined a Doctoral thesis: Yes  No

Has previously examined a MU Doctoral thesis: Yes  No

Has supervised Doctoral students: Yes  No

Please attach a short and current CV: Yes

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Yes  No

Yes  No

Yes  No

Yes  No

Yes

**Internal Examiner**

Title: (eg. Prof, Dr) \_\_\_\_\_  
 Family Name: \_\_\_\_\_  
 Given names: \_\_\_\_\_  
 Highest Qualification: \_\_\_\_\_  
 Institution obtained: \_\_\_\_\_  
 Academic Unit: \_\_\_\_\_  
 Campus and mail code: \_\_\_\_\_  
 Landline Phone: \_\_\_\_\_  
 Cellphone: \_\_\_\_\_  
 E-Mail: \_\_\_\_\_

Has been informally contacted: Yes  No

Has previously examined a Doctoral thesis: Yes  No

Has supervised Doctoral students: Yes  No

**Part C: Supervisor's Details and Comments:**

(This section must be completed by the main supervisor only)

Family Name: \_\_\_\_\_

Given Name(s): \_\_\_\_\_

Title: \_\_\_\_\_

Academic Unit: \_\_\_\_\_

Landline Phone: \_\_\_\_\_

Cellphone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Have you consulted with the co-supervisor(s) regarding the selection of the examiners? Yes  No

Has the candidate been given the opportunity to name unsuitable examiners? Yes  No

Has the candidate been given the opportunity to recommend suitable examiners? Yes  No

Have you kept the nominated examiners confidential from the candidate? Yes  No

Have external funding bodies influenced your decision in nominating the examiners? Yes  No

Have any of the examiners been in a supervisory or significant advisory role to the candidate, including co-publication in relation to this research? Yes  No

Has the research for this thesis been sponsored by an external agency with which Massey University holds a signed contractual agreement which places confidentiality limits on the examination process? Yes  No

Can the examiners examine the thesis within 6 – 8 weeks of submission? Yes  No

Are the examiners aware that written thesis assessment reports will be released to the candidate following the oral examination? Yes  No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**Part D: Head of Academic Unit Signature:**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please forward to the Doctoral Office, Graduate Research School (PN 713)

**Part E: Graduate Research School Approval:**

Dean's Signature: \_\_\_\_\_

Date: \_\_\_\_\_