

# NOMINATION OF EXAMINERS (DRC 5) FOR DOCTORAL EXAMINATION

Please forward to [Doctoral.Exams@massey.ac.nz](mailto:Doctoral.Exams@massey.ac.nz)  
for Doctoral Research Committee consideration

## CANDIDATE DETAILS

Given Name:

Surname:

Student ID:

Programme:

Academic Unit:

Campus:

## MAIN SUPERVISOR

Supervisor Name:

Email Address:

Please note the following:

Where possible we suggest that internal examiners are nominated from the same campus as the candidate so they can attend the examination in person. Video conferencing facilities are used for members of the examination panel who are not located near the campus of examination.

## PROPOSED INTERNAL EXAMINER

Title: *(e.g. Professor, A/Prof, Dr)*

Given Name:

Surname:

Phone Number:

Highest Qualification:

Mobile Number:

Institution Obtained:

Email address:

Current Employer/Academic Institute:

## PROPOSED NEW ZEALAND EXAMINER

Title: *(e.g. Professor, A/Prof, Dr)*

Given Name:

Surname:

Phone Number:

Highest Qualification:

Mobile Number:

Institution Obtained:

Email Address:

Current Employer/Academic Institute:

## PROPOSED OVERSEAS EXAMINER

Title: *(e.g. Professor, A/Prof, Dr)*

Given Name:

Surname:

Phone Number:

Highest Qualification:

Mobile Number:

Institution Obtained:

Email Address:

Current Employer/Academic Institute:

## CONFLICTS OF INTEREST

Minimizing perceived or actual conflicts of interest is critical to the integrity of the examination process. Please ensure you are familiar with the [Conflict of Interest Guidelines](#). Specifically, we need assurances that the examiners have had no input into the candidate's project and that they have no close personal or professional relationships with each other, the supervisory panel or the candidate that could compromise the professional judgement and objectivity of the examination process.

We are in particular seeking assurance of the following:

- a) the examiners have not published within the last 3 years with members of the supervisory panel.
- b) the examiners have not had input into the candidate's thesis, in a supervisory or advisory capacity.

Please comment on any perceived or actual conflicts of interest and how these might be minimized:

## EXAMINER EXPERIENCE

Please confirm that at least two of the three examiners have previously examined at doctoral level.

Please explain/justify the panel composition, in terms of fit, experience, expertise, etc.

## ARRANGEMENTS: PLEASE CONFIRM THE FOLLOWING

All three examiners have been contacted and have agreed to examine the thesis within 6 weeks

The candidate and co-supervisor(s) have been consulted as to potential examiners

The composition of the examination panel has been kept confidential from the candidate

Please comment if you have answered No to any of the above questions:

I have read the [Conflict of Interest Guidelines](#) and confirm that, unless mentioned above, no conflicts have been identified

Supervisor Signature:

Date:

## HEAD OF ACADEMIC UNIT

In signing, you are confirming that you:

- have reviewed the nomination and are satisfied with the composition of the panel;
- are satisfied that any perceived or actual conflicts of interest including co-authorship have been declared and minimised;
- note that supervisor(s) and examiner(s) who are not based on the campus of the candidate will participate in the examination via video conferencing technology, or the alternative is that the academic unit will cover the cost of travel to the campus of examination.

Head of Unit or Nominee Name:

Head of Unit or Nominee  
Signature:

Date:

## DOCTORAL RESEARCH COMMITTEE (GRS use only)

Notes for Dean, Research:

Dean, Research signature:  
(or delegated nominee)

Dean, Research Comments: