



# The University of Sydney

## Nomination of Examiners for Masters thesis by Research

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**SID:**

**Candidate:**

**Thesis title:**

**Faculty:**

**Discipline:**

**Supervisor:**

**Recommendation of the Head of Department or School for the appointment of examiners.**

*Please indicate if an examiner has indicated willingness to act by ticking the box.*

Give the title, **position held** and home institution with address, fax and Email, if available, for each examiner:

**(1) INTERNAL EXAMINER:**

**o**

Name:

Position:

Academic Institution:

Address:

Phone:

Fax:

Email:

**(2) EXTERNAL EXAMINER:**

**o**

Name:

Position:

Academic Institution:

Address:

Phone:

Fax:

Email:

If any of the internal/external examiners are unable to act then:

**(3)**

**o**

If an internal examiner is not included provide a written justification.

Approved by the Postgraduate Co-ordinator

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

Approved on behalf of the Board of Postgraduate Studies of the Faculties of Dentistry, Medicine and Pharmacy

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date