

## Nomination to Senate for the Appointment of Examiners for a Doctoral Degree

- This form is for use by all departments seeking to nominate potential examiners for candidates in doctoral degrees at The University of Auckland excluding MDs (use DOC3A).
- This form is to be completed by the Head of Department/School.
- Please read the examination regulations of the degree for which the candidate is registered.

### 1. Personal details of the candidate

Candidate name:		ID number:	
Department:		Degree:	
Thesis title:			

### 2. Candidate's supervisors

Main supervisor:		Joint or co-supervisor:	
------------------	--	-------------------------	--

### 3. Examiners for all doctoral theses

Examiner nominees should hold a doctoral degree or have equivalent expertise and experience, and be an expert in the field of study which is the subject of the thesis.<sup>1</sup> The examiners may not be staff members of the University or have any other conflict of interest with the candidate.<sup>2</sup> The oral examiner will be determined once the examiners' reports have been received. While it may be possible to hold the oral examination by video conference, at least one of the examiners must be able to participate in the oral examination in person in Auckland. It is preferable that this examiner is based either within NZ or on the eastern seaboard of Australia.

Examiner 1	Examiner 2
Name:	Name:
UoA ID (if known):	UoA ID (if known):
Email:	Email:
Telephone:	Telephone:
Address: <i>(please supply street address if outside NZ)</i>	Address: <i>(please supply street address if outside NZ)</i>
Willing to participate in oral examination:	Willing to participate in oral examination:
In person in Auckland <input type="checkbox"/> yes <input type="checkbox"/> no	In person in Auckland <input type="checkbox"/> yes <input type="checkbox"/> no
Remotely via video conference <input type="checkbox"/> yes <input type="checkbox"/> no	Remotely via video conference <input type="checkbox"/> yes <input type="checkbox"/> no

The independent chair for the oral examination will be appointed by the Board of Graduate Studies.

### 4. Appointment of Examination Committee

- No member of the Examination Committee may have been involved in the doctoral supervision of the candidate or have been involved in either the thesis research or preparation of the thesis.
- The Associate Dean will normally be from the same Faculty as the candidate, but if that person is in the same Department as the candidate then an Associate Dean from another faculty should be substituted.

<sup>1</sup> See [Postgraduate Examiner Appointment Procedures](#)

<sup>2</sup> Conflict of interest may include a significant relationship with the candidate or the candidate's department or the supervisor or the supervisor's department, having published with the candidate or supervisor, or having been involved in the thesis research or preparation of the thesis.

- The Head of Department nominee should have a thorough knowledge of the general field of the thesis topic, and will normally be a staff member of the University of Auckland.

	Name	UoA ID	
Head of Department			Dept:
Associate Dean (PG)			Faculty:
HoD Nominee			Dept:

**5. DocFA, DMus and DMA candidates only**

Title of work/s or composition/s	
Location and date of exhibition/performance	

**6. Information to support nominations**

Please attach a **memo** in support of the nomination of examiners, **explaining the particular suitability of the nominees to examine the thesis and that there is no conflict of interest between the examiners and/or the Examination Committee, the supervisors and the candidate.** Where a nominee is not employed at a university, is not a senior academic, or does not possess a doctoral level qualification, a CV should also be attached.

**Checklist:**

- The proposed examiners have been informally approached by: .....
- They have agreed to complete their examination within 6-8 weeks .....  yes  no
- A memo is attached justifying the nomination and stating that there is no conflict of interest ...  yes  no
- CV attached (where required) .....  yes  no

**7. Approval by Head of Department**

.....

Signed by HoD/HoS                      Date: .....                      Signed by HoD/HoS                      Date: .....

Name: .....                                      Name: .....

Dept/School: .....                                      Dept/School: .....

*Where a candidate's registration is interdisciplinary, the signatures of both Academic Heads of are required.*

**Completed forms must be scanned and emailed to [sgsadmin@auckland.ac.nz](mailto:sgsadmin@auckland.ac.nz) for approval by the Board of Graduate Studies**

**8. Board of Graduate Studies Approval**

Signed .....                                      Date .....

Chair, Board of Graduate Studies

Comment:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_