



Examinations Office Private Bag 92019 Auckland Mail Centre Auckland 1142

Masters Thesis or Research Portfolio

Part A: Recommendation of Examiners for Approval by Head of Department

Candidate details							
Name:		ID number:					
Department:		Programme:					
Main supervisor:		Co-supervisor: (where applicable)					
Working Title:							
Please indicate <u>one</u> of the following: Thesis Research portfolio (tick as appropriate)							
The work inclu	udes a creative practice componen	t: Yes	No	(tick as appropriate)			
Examination							
1. Appointm	ent of Examiners						
For theses or research portfolios with a value of 90 points or more, two examiners are required. Neither examiner may have been involved in supervision of the work. One of the examiners must be appointed from outside the University of Auckland. Further information is contained in the <i>Instructions to Examiners and Assessors</i> found on the staff intranet.							
			External	Payment required			
	Name:						
Examiner 1	Affiliation:		Yes	Yes			
	Email:	No	No				
Examiner 2	Name:						
	Affiliation:						
	Email:						
Examiners appointed from within the New Zealand university system are not paid a fee. The fee paid to appointees outside the New Zealand university system is set by the NZVCC at NZ\$125 gst excl. per assignment. If any of the above appointees require payment, please indicate accordingly and provide their email address above. If they are from outside New Zealand, please provide them with the separate <u>International Examiner's Payment Form</u> found on the postgraduate website.							
The proposed examiners have been informally approached by:							
They have agreed to complete their examination within 6 weeks: (please tick)							
No known conflict of interest is involved: (please tick)							
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 research or preparation of the thesis or research portfolio. See <i>Guidelines for the Appointment of Examiners of Doctoral Theses and Masters Research Theses/Portfolios (of 90 points or more)</i> .							

Please comment on the suitabil	ty of the nominated	examiners in relation	to the work under
examination:			

2. Appointment of Examination Committee

Two members are required: the Departmental Graduate Adviser (or nominee) and one other. One member must have knowledge of the general field of the thesis/research portfolio. Neither may have been involved in the supervision or examination of the work.

Departmental Graduate Adviser (or nominee)

Other member/s

3. Head of Department

Head of Department or Acting HoD

(enter name) N.B. If the HoD was involved in the supervision of the candidate, or will be involved in the candidate's examination, either as an examiner or as a member of the Examination Committee, an Acting HoD must be appointed.

Signed by HoD/Acting HoD

Date:

(enter name)

(enter name/s)

Following signature by HoD/Acting HoD, please return this form to the Faculty Student Centre

Part B of this form (over) to be completed upon consideration of the examination reports

Part B: Result for a thesis or research portfolio submitted to complete the requirements for a masters degree. Please attach copies of the examiners' reports.

Candidate details								
Name:		ID number:		Date submitted:				
Title of thesis / research portfolio (please delete as appropriate):								
Grade for thesis / research portfolio								
Course code:			Points:					
	Name (please	Name (please print)		Grade recommended				
Examiner 1								
Examiner 2								
Result recom	mended by Examination	n Committee:						
<i>Explanation:</i> If the examiners' recommendations agree to within 10 percentage points and do not cross a boundary between grades of honours, the marks may be averaged without justification. Otherwise the Examination Committee must provide justification for their recommendation below or on a separate page:								
	Date:							
Signed by Departmental Graduate Adviser (or nominee)								
Final result re	commended by Head of De	epartment:						
Signed by Ho				Date:				
U U	d Results Process involved	l: Yes	No	(tick as appropriate)				
	ach supporting documentation)							
Affirmation of integrity of examination process and approval of final result								
				Date:				
Faculty Dean / Associate Dean (Postgraduate)								

Once completed please return both Parts A and B of this form to the Examinations Office, ClockTower Bldg 105. It is requested that a copy be retained in your Faculty Student Centre.