



Master of Education – Nomination of Examiners

PLEASE TYPE OR PRINT THE INFORMATION REQUESTED BELOW

SECTION 1: Candidate’s Details

Candidate’s Name:
ID Number:
Main Supervisor:

SECTION 2: Details about Nominated Examiners

The following persons are recommended as examiners of the candidate’s MEd thesis. They have been contacted and have informally agreed to act.

EXAMINER A (External)	EXAMINER B (External or Internal)
Title, Name and Surname:	Title, Name and Surname:
Qualifications:	Qualifications:
Postal Address: (In capital letters)	Postal Address: (In capital letters)
Facsimile No:	Facsimile No:
Email:	Email:

- Accurate and complete postal addresses should be provided to avoid thesis copies going astray when mailed to examiners:
- Facsimile numbers and email addresses should also be given where available, as this will facilitate communication with our office.

The Research Degrees Sub-Committee asks for the following details to be completed for both nominated examiners.

EXAMINER A	
Has this examiner previously examined a Monash thesis?	
If not, answer (i) and (ii) below:	
(i)	Detail previous experience in examining a thesis:
(ii)	Reasons for selection (eg. Research/academic, current involvement in research (if retired), publications record etc):

EXAMINER B	
Has this examiner previously examined a Monash thesis?	
In not, answer (i) and (ii) below:	
(iii)	Detail previous experience in examining a thesis:
(iv)	Reasons for selection (eg. Research/academic, current involvement in research (if retired), publications record etc):

Has either examiner been a member of the academic staff of Monash University at any time during the student's period of candidature and/or involved in the supervision of the candidate in field or laboratory work during the course of candidature?

EXAMINER A	EXAMINER B
YES*:	YES*:
NO:	NO:
*If YES: The Research Degrees Sub-Committee will need to be satisfied as to the independence of the examiner(s). Please attach details concerning the nature and extent of any contact between the proposed examiner and the student during the relevant period.	

Can the examiner meet the deadline for completion of report?

EXAMINER A	EXAMINER B
YES:	YES:
NO*:	NO*:
*If NO: State expected time schedule	*If NO: State expected time schedule

Are there any specified preconditions by examiners for examining the thesis?

EXAMINER A	EXAMINER B
YES*:	YES*:
NO:	NO:
*If YES: State the precondition(s)	*If YES: State the precondition(s)

SECTION 3: Approval and Ratification

APPROVED BY THE CHAIR, RESEARCH DEGREES SUB-COMMITTEE	
Name: (Print)	
Signature:	Date:

PLEASE RETURN COMPLETED FORM TO THE FACULTY'S RESEARCH DEGREES OFFICE.