

# GS3: Intention to Submit for Examination – Approval of Examiners 2023-2026

Notification of intention to present must be submitted at least six months in advance of the proposed date for the Research Postgraduate Examination Board. Material for examination must be submitted at least two months in advance of relevant exam board meeting.

**All personal information gathered will be processed in accordance with TUS privacy statements.**

**Section A to be completed by the Principal Supervisor.**

**Section B to be completed by Principal Supervisor and co-supervisors.**

**Section C-F to be completed by Principal Supervisor.**

**Section G: to be completed by Chairperson of Faculty Research Committee and Dean of Graduate School**

**Section H: Date of noting at Postgraduate Studies and Research Subcommittee to be added.**

**SECTION A: Principal Supervisor and Research Candidates details** - **to be completed by Principal Supervisor**

|  |  |
| --- | --- |
| **Principal Supervisor name** |  |
| **Your faculty/department** |  |
| **Research Institute/Centre/Group** |  |

|  |  |
| --- | --- |
| **Research Candidate Name** |     |
| **Research Candidate Number** |     |
| **Programme Code and Title** |    |
| **Department and Faculty** |     |
| **Date od registration** |  |
| **Research Institute/Centre/Group** |     |

**Thesis Title**

|  |
| --- |
|  |

**Award Sought**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **MA** | **MBus** | **MEng** | **MSc** | **LLM** | **PhD** |
|  |  |  |  |  |  |

**SECTION B: Supervisor(s)**

**Please insert information on supervision team here - to be completed by Principal Supervisor, co-supervisors and mentor supervisor (if appropriate).**

|  |  |
| --- | --- |
| **Name****(Principal Supervisor)** |  |
| **Job Title** |  |
| **Faculty and****Department** |  |
|  |  |
| **Name****(Co Supervisor)** |  |
| **Institution** |  |
| **Institutional address** |  |
| **Job Title** |  |
| **Faculty and** **Department** |  |
|  |  |
| **Name****(Co Supervisor)** |  |
| **Institution** |  |
| **Institutional address** |  |
| **Job Title** |  |
| **Faculty and****Department** |  |

|  |  |
| --- | --- |
| **Name****(Mentor Supervisor)** |  |
| **Institution** |  |
| **Institutional address** |  |
| **Job Title** |  |
| **Faculty and****Department** |  |

**SECTION C: Internal Examiner(s) - to be completed by Principal Supervisor**

|  |  |
| --- | --- |
| **Name** |  |
| **Job Title** |  |
| **Faculty/****Department** |  |
| **Telephone number** |  |
| **Email address** |  |

|  |  |
| --- | --- |
| **Name** |  |
| **Job Title** |  |
| **Faculty/****Department** |  |
| **Telephone number** |  |
| **Email address** |  |

**SECTION D: External Examiner(s) - to be completed by Principal Supervisor**

**Two external examiners are required, if candidate is a member of staff.**

|  |  |
| --- | --- |
| **Name** |  |
| **Job Title** |  |
| **Institution** |  |
| **Institutional Address** |  |
| **Faculty /****Department** |  |
| **Telephone No.** |  |
| **Email address** |  |
| **Name** |  |
| **Job Title** |  |
| **Institution** |  |
| **Institutional Address** |  |
| **Faculty /****Department** |  |
| **Address** |  |
| **Telephone No.** |  |
| **Email address** |  |

**SECTION E: Examination Details - to be completed by the Principal Supervisor**

**Has the thesis previously been presented for examination: Yes** [ ]  **No** [ ]

|  |  |  |  |
| --- | --- | --- | --- |
| **If yes, please give date of submission (DD/MM/YYYY)** |  |  |  |

**Are Addition Learning Supported required: Yes** [ ]  **No** [ ]

If yes, to ensure that the candidate is fully supported throughout the examination process of both thesis and viva, please indicate if any supports are necessary to provide the candidate with reasonable accommodation. Please note that to avail of such supports and facilities, learners must be registered with the University’s disability advisory and support services. Details of the procedure involved are provided on the TUS website.

**SECTION F: Declaration – to be completed by the Principal Supervisor**

**I confirm that the Postgraduate Research Regulations in relation to the appointment of both the External Examiner(s) and Internal Examiner have been observed**

**Yes** [ ]  **No** [ ]

**I recommend that the proposed internal examiners are approved**

**Yes** [ ]  **No** [ ]

**I recommend that the proposed external examiners are approved**

**Yes** [ ]  **No** [ ]

**I confirm that I have attached a current CV for each proposed External Examiner:** [ ]

|  |  |
| --- | --- |
| **Signed:****Principal Supervisor** |  |
|  |  |
| **Date:** |  |
|  |  |

**SECTION G: to be completed by Chairperson of Faculty Research Committee and Dean of the Graduate School**

**I recommend that the proposed internal examiners are approved**

**Yes** [ ]  **No** [ ]

**I recommend that the proposed external examiners are approved**

**Yes** [ ] **No** [ ]

|  |  |
| --- | --- |
| **Signed:****Dean of Faculty** |  |
|  |  |
| **Date Recommended:** |  |

**Dean of Graduate School:**

**SECTION H: Approved at Postgraduate Studies and Research Subcommittee**

**Date approved at PSR Subcommittee: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**