The Nomination of Thesis Examiners form should be completed and submitted to the Postgraduate Administrator at least three weeks prior to submission of the thesis.

(1) STUDENT DETAILS

<table>
<thead>
<tr>
<th>Surname:</th>
<th>Student ID:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Given Name(s):</td>
<td>Submission Date: (approximate or actual)</td>
</tr>
<tr>
<td>Supervisor(s):</td>
<td></td>
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<tr>
<td>Thesis Title:</td>
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<td>Other Title: (if applicable)</td>
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</tbody>
</table>

(2) DETAILS OF NOMINATED EXAMINERS AND SUPPORTING DOCUMENTATION

- Please supply a full mailing addresses for each external examiner. **DO NOT PROVIDE PO BOX ADDRESSES.** (Couriers will not deliver a thesis to a PO Box number so a complete street address is required to ensure that the thesis arrives at its destination). (It is also important that you supply full details of e-mail addresses, facsimile and telephone numbers to ensure that the examination process proceeds as efficiently as possible).

- Include a full justification for the nomination of each external examiner, addressing issues of expertise, relevance and independence.

- Please provide a list of recent or key publications for each nominated external examiner (maximum 2 pages).

1. Name:

Correspondence Street Address:

Telephone: Facsimile: Email:

Justification:
2. Name: 

Correspondence Street Address:

Telephone: Facsimile: Email:

Justification:
(5) **PLEASE TICK AND NOTE THAT YOUR SIGNATURE ON THIS FORM MAKES THE FOLLOWING DECLARATIONS:**

- All of the students' supervisors have been consulted about the nominated examiners and agree to their nomination.
- The nominated examiners have been invited by the School and have agreed to undertake the examination. I have notified all examiners about UWA’s policy of full release of examiners’ names and reports.
- A list of recent or key publications is ATTACHED for each nominated examiner.

**Either this student**
- (a) has no issues of confidentiality which will affect the examination or Library access to the thesis
- OR
- (b) the supervisor and/or student has/have **already** notified the School of Psychology **in writing** of any confidentiality issues.

Signature of the Coordinating Supervisor:  
Date:  

Coordinating Supervisor Name:  (Please print)

(6) **DPSPHCH THESIS EXAMINATION COMMITTEE AUTHORISATION:**

Authorised by DPspych Thesis Examination Committee:  
Date:  

Name:  (Please print)

Copies to:  *(responsibility of Postgraduate Administrator)*
- All signatories (if requested)
- Student File