

NOMINATION OF EXAMINERS (DRC 5) FOR DOCTORAL EXAMINATION

Please forward to Doctoral.Exams@massey.ac.nz
for Doctoral Research Committee consideration



MASSEY UNIVERSITY
GRADUATE RESEARCH SCHOOL

CANDIDATE DETAILS

Given Name:		Surname:	
Student ID:		Programme	
Academic Unit:		Campus:	

PRIMARY SUPERVISOR

Primary Supervisor:		Email Address:	
Telephone Number:		Cell Number:	

Please note the following:

Our expectation is that one examiner (usually the New Zealand examiner) will be physically present in the oral examination. Where possible we suggest that internal examiners are nominated from the same campus as the candidate or video conferencing facilities are used. For exams that involve New Zealand and Internal examiners' travel, the academic unit will be required to assume the cost of the latter

PROPOSED INTERNAL EXAMINER

Title: <i>(e.g. Professor, A/Prof, Dr)</i>		Given Name:	
Surname:		Campus:	
Highest Qualification:		Telephone Number:	
Institution Obtained:		Mobile Number:	
Current Employer/Academic Institute:		Resume / CV Attached:	
Web-link:			
Email Address:			

PROPOSED NEW ZEALAND EXAMINER

Title: <i>(e.g. Professor, A/Prof, Dr)</i>		Given Name:	
Surname:		Telephone Number:	
Highest Qualification:		Mobile Number:	
Institution Obtained:		Resume / CV Attached:	
Current Employer/Academic Institute:			
Web-link:			
Email Address:			

PROPOSED OVERSEAS EXAMINER

Title: <i>(e.g. Professor, A/Prof, Dr)</i>		Given Name:	
Surname:		Telephone Number:	
Highest Qualification:		Mobile Number:	
Institution Obtained:		Resume / CV Attached:	
Current Employer/Academic Institute:			
Web-link:			
Email Address:			

CONFLICTS OF INTEREST:

Minimizing perceived or actual conflicts of interest is critical to the integrity of the examination process. Please ensure you are familiar with the [Conflict of Interest Guidelines](#). Specifically, we need assurances that the examiners have had no input into the candidate's project and that they have no close personal or professional relationships with each other, the supervisory panel or the candidate that could compromise the professional judgement and objectivity of the examination process.

We are in particular seeking assurance that the following are **not** the case:

a) the examiners have published within the last 3 years with members of the supervisory panel and/or 5 years with the candidate.	YES / NO
b) the examiners have had input into the candidate's thesis, in a supervisor capacity or otherwise.	YES / NO

Please comment on any perceived or actual conflicts of interest and how these might be minimized:

EXAMINER EXPERIENCE:

Please indicate the level of experience of each of the panel members as examiners of doctoral theses – note that at least two of the three examiners should have previously examined at doctoral level.

Internal examiner:	NZ examiner:	Overseas examiner:
No experience / some experience / very experienced	No experience / some experience / very experienced	No experience / some experience / very experienced

Please explain/justify the panel composition, in terms of fit, experience, expertise, etc.

ARRANGEMENTS: PLEASE CONFIRM THE FOLLOWING:

1. All three examiners have been contacted and have agreed to examine the thesis within 6 weeks	YES / NO
2. The candidate and co-supervisor(s) have been consulted as to potential examiners	YES / NO
3. The composition of the examination panel candidate has been kept confidential from the candidate	YES / NO
4. The NZ examiner is able to attend the oral exam in person	YES / NO
5. If the internal examiner is not based at the same campus as the candidate, they will attend by video conference	YES / NO
5a. If No, the academic unit will cover the cost of the internal examiner's travel to attend the oral examination	YES / NO

Please comment if you have answered No to any of the above questions:

Supervisor Name:

Supervisor Signature:

Date:

HEAD OF ACADEMIC UNIT

In signing, you are confirming that you:

- have reviewed the nomination and are satisfied with the composition of the panel;
- are satisfied that any perceived or actual conflicts of interest including co-authorship have been declared and minimised;
- approve any travel costs associated with nominating internal examiners based at a different campus to where the oral exam will be held and/or any external examiners domiciled outside New Zealand, should they be required to attend the oral examination in person

Head of Unit or Nominee Name:

Head of Unit or Nominee Signature:

Date: