**Student details**

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s name |  | | |
| School |  | | |
| Name of supervisor 1 |  | | |
| Name of supervisor 2 |  | | |
| Title of thesis |  | | |
| Degree sought |  | Expected date of submission |  |

One external and one internal examiner must be appointed. If the student is, or has been, a staff member of the University during their research degree, two external examiners and one internal must be appointed.

|  |  |
| --- | --- |
| Is the student, or has the student been, a staff member of the University of any category? If yes, specify for whom and how long. |  |
| Will the oral examination be conducted by video link? (See also guidance: [www.ed.ac.uk/files/atoms/files/videolinked\_phd\_oral.pdf](http://www.ed.ac.uk/files/atoms/files/videolinked_phd_oral.pdf)) | YES / NO \* |
| Has permission been obtained from the College Office for an oral examination by video link? | YES / NO \* |

* Delete as appropriate

**Examiners**

Please list the examiners’ names below and attach a separate **‘Statement of qualifications’** form for each examiner.

|  |  |
| --- | --- |
| **Name of external examiner – 1** |  |
| Name of external examiner – 2  (if required) |  |
| **Name of internal examiner – 1** |  |
| Name of Internal Examiner – 2  (if required) |  |
| Name of non-examining chair (if required) |  |

**Declaration**

**I declare that the proposed examiners are of appropriate expertise and standing**

**I declare after due enquiry that, to the best of my knowledge, none of the proposed examiners is unsuitable to act because of any of the following reasons** (if in doubt consult Dean of Postgraduate Studies):

* Current or previous kin relationship with the student
* Current or previous close personal friendship or professional relationship with the student
* Professional or personal conflict of interest
* Undue personal interest in any work that figures significantly in the student’s thesis
* In the case of external examiners only: having been a staff member of the University or of an Associated Institution, or having held an honorary status in the University, at any time within the past four years
* In the case of students who are staff members: the examiner is not the Head of School (except by express permission of the College).

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| --- | --- | --- | --- |
| **Signature**  Head of School or designated nominee (normally Postgraduate Director)\* |  | Date |  |
| Type or print name |  | | |

**Note:** if the Head of School or School Postgraduate Director are among the student’s supervisors or proposed examiners they should not sign the nomination.

**Statement of qualifications of examiner**

This form should be completed by the student’s first supervisor or other person knowledgeable about the student’s field of research. The completed form should be returned to the College Office.

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| --- | --- | --- | --- |
| Student’s name |  | | |
| Name of examiner |  | | |
| Post held |  | | |
| Institution |  | | |
| Address |  | | |
| Postcode |  | Tel. |  |
| Email |  | | |

Please insert below or attach a concise statement of the proposed examiner’s suitability including qualifications:

* field of knowledge
* research and publication record
* experience (including previous experience as a PhD/MPhil examiner) **as relevant to the examination of thesis**.

A CV may be attached or the information may be extracted from a CV, personal or institutional academic website or other authoritative source.

|  |
| --- |
| Statement of proposed examiner’s suitability |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** of person completing form |  | Date |  |
| Type or print name |  | | |
| Role of person completing form |  | | |

**Statement of qualifications of examiner**

This form should be completed by the student’s first supervisor or other person knowledgeable about the student’s field of research. The completed form should be returned to the College Office.

|  |  |  |  |
| --- | --- | --- | --- |
| Student’s name |  | | |
| Name of examiner |  | | |
| Post held |  | | |
| Institution |  | | |
| Address |  | | |
| Postcode |  | Tel. |  |
| Email |  | | |

Please insert below or attach a concise statement of the proposed examiner’s suitability including qualifications:

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|  |
| --- |
| Statement of proposed examiner’s suitability |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature** of person completing form |  | Date |  |
| Type or print name |  | | |
| Role of person completing form |  | | |

**Document control**

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| --- | --- |
| Related documents:  Postgraduate Assessment Regulations for Research Degrees: [www.ed.ac.uk/files/atoms/files/pgr\_assessmentregulations.pdf](http://www.ed.ac.uk/files/atoms/files/pgr_assessmentregulations.pdf) | |
| If you require this document in an alternative format please email [Academic.Services@ed.ac.uk](mailto:Academic.Services@ed.ac.uk) | Date last revised:  16.07.2018 |

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