

**FACULTY OF HEALTH SCIENCES**

**APPROVAL OF EXAMINATION PANEL**

Instructions:

* Completed electronically by supervisors
* After completion by supervisors, approval by Head of Department
* Submit completed form and Curriculum Vitae’s of examiners to FPGSC for approval

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| **STUDENT DETAILS** | |
| Student Surname and Initials: |  |
| Student Number: |  |
| Qualification: |  |
| Title of Study: |  |
| Is this a Treatise  Dissertation  Thesis | |
| If Treatise, kindly indicate % |  |
| Is a Non-Disclosure Agreement required? | Yes  No |
| Is the student registered for the current academic year: | Yes  No |
| Proposal approved (date): |  |
| Ethics Reference Number: | H??-HEA-???-??? |

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| **DETAILS OF SUPERVISOR** | |
| Surname, Initials and Title: |  |
| Department: |  |
| Telephone Number(s): |  |
| E-mail Address: |  |
| Physical Address: *(to which documents will be couriered)* |  |

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| **DETAILS OF CO-SUPERVISOR 1** | |
| Surname, Initials and Title: |  |
| Department: |  |
| Telephone Number(s): |  |
| E-mail Address: |  |
| Physical Address: *(to which documents will be couriered)* |  |

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| **DETAILS OF CO-SUPERVISOR 2** | |
| Surname, Initials and Title: |  |
| Department: |  |
| Telephone Number(s): |  |
| E-mail Address: |  |
| Physical Address: *(to which documents will be couriered)* |  |

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| **DETAILS OF CO-SUPERVISOR 3** | |
| Surname, Initials and Title: |  |
| Department: |  |
| Telephone Number(s): |  |
| E-mail Address: |  |
| Physical Address: *(to which documents will be couriered)* |  |

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| **DETAILS OF EXAMINER 1** | | | | | | | | | |
| Surname, Initials and Title: | | | |  | | | | | |
| Department: | | | |  | | | | | |
| Telephone Number(s): | | | |  | | | | | |
| E-mail Address: | | | |  | | | | | |
| Postal Address: | | | |  | | | | | |
| Physical Address: *(to which documents will be couriered)* | | | |  | | | | | |
| Academic Qualifications: | | | |  | | | | | |
| Professional Qualifications: | | | |  | | | | | |
| Is the examiner currently a registered student at NMMU? | | | | Yes  No | | | | | |
| Is the examiner currently engaged in student supervision at NMMU? | | | | Yes  No | | | | | |
| The appointed examiner meets the requirements of professional body | | | | Yes  No  Not Applicable | | | | | |
| Has the cooling off period as per the policy been adhered to? | | | | Yes  No  Not Applicable | | | | | |
| Does the examiner have past experience in postgraduate supervision? | | | | Yes  No | | | | | |
| **Area of Expertise** | | | | | | | | | |
| Supervision Experience | Number of Master Supervised | | | | | Number of PhD Examiner | | | |
|  | In progress |  | Completed | |  | In  progress |  | Completed |  |
| Examination experience | Number of Master Examiner | |  | | | Number of PhD Examiner | | |  |
| Where the Examiners does not have any postgraduation supervision or examination experience, a special motivational letter to be submitted by the Supervisor in support of the examiner appointment/s. | | | | | | | | | |
| Recent publications (maximum 5)\* |  | | | | | | | | |
| Supervisor Motivation for Examiner Expertise/Nomination |  | | | | | | | | |
| \*\*Examiners to provide abridged CV reflecting in particular qualifications, employment details, Research output, Current & previous Supervision/Graduates and Previous Masters/PhD research examination | | | | | | | | | |

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| **DETAILS OF EXAMINER 2** | | | | | | | | | |
| Surname, Initials and Title: | | | |  | | | | | |
| Department: | | | |  | | | | | |
| Telephone Number(s): | | | |  | | | | | |
| E-mail Address: | | | |  | | | | | |
| Postal Address: | | | |  | | | | | |
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| Academic Qualifications: | | | |  | | | | | |
| Professional Qualifications: | | | |  | | | | | |
| Is the examiner currently a registered student at NMMU? | | | | Yes  No | | | | | |
| Is the examiner currently engaged in student supervision at NMMU? | | | | Yes  No | | | | | |
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| Has the cooling off period as per the policy been adhered to? | | | | Yes  No  Not Applicable | | | | | |
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| **Area of Expertise** | | | | | | | | | | |
| Supervision Experience | Number of Master Supervised | | | | | Number of PhD Examiner | | | | |
|  | In progress |  | Completed | |  | In  progress |  | Completed |  | |
| Examination experience | Number of Master Examiner | |  | | | Number of PhD Examiner | | |  | |
| Recent publications (maximum 5)\* |  | | | | | | | | | |
| Supervisor Motivation for Examiner Expertise/Nomination |  | | | | | | | | | |
| \*\*Examiners to provide abridged CV reflecting in particular qualifications, employment details, Research output, Current & previous Supervision/Graduates and Previous Masters/PhD research examination | | | | | | | | | | |

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| **DETAILS OF EXAMINER 3** | | | | | | | | | |
| Surname, Initials and Title: | | | |  | | | | | |
| Department: | | | |  | | | | | |
| Telephone Number(s): | | | |  | | | | | |
| E-mail Address: | | | |  | | | | | |
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|  | In progress |  | Completed | |  | In  progress |  | Completed |  | |
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| **APPROVALSIGNATURES:** |

**SUPERVISOR: CO-SUPERVISOR**

Name & Surname: Name & Surname:

Date: Date:

Signature: ....……………..………………………… Signature: ………………………………..

**HEAD OF DEPARTMENT:**

Name & Surname:

Date:

Signature: …………….. ……………………………

**FPGSC CHAIRPERSON:**

Name & Surname:

Date: …………………………………………………

Signature: …………………………………………...

***FOR OFFICE USE:***

***FPGSC MEETING: …………………………………***