



**THE UNIVERSITY OF THE WEST INDIES**  
**School for Graduate Studies and Research**

**RECOMMENDATIONS FOR THE TITLES AND EXAMINERS**  
**OF THESES AND RESEARCH PAPERS/PROJECTS**

**CONFIDENTIAL: NOT FOR STUDENT VIEWING**

*The completed form is to be submitted to the Campus Office of Graduate Studies and Research by the HOD/Graduate Coordinator three (3) months before the final submission of the thesis/research paper/project.*

Name of Student: \_\_\_\_\_  
(Last name) (First name) (Middle Name)

Faculty: \_\_\_\_\_ Department: \_\_\_\_\_

Title of Degree: \_\_\_\_\_

Title of Thesis/Research Paper/Project as approved by the University: \_\_\_\_\_

Name/s of Supervisor/Co-Supervisor: \_\_\_\_\_

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**INTERNAL EXAMINERS** †

**Chief Supervisor:**

Name: \_\_\_\_\_ Present Position: \_\_\_\_\_

Department: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Faculty: \_\_\_\_\_ Telephone Nos.: \_\_\_\_\_

Campus: \_\_\_\_\_ Email: \_\_\_\_\_

Signature~: \_\_\_\_\_

**Co- Supervisor:**

Name: \_\_\_\_\_ Present Position: \_\_\_\_\_

Department: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Faculty: \_\_\_\_\_ Telephone Nos.: \_\_\_\_\_

Campus: \_\_\_\_\_ Email: \_\_\_\_\_

Signature~: \_\_\_\_\_

**Internal Examiner (Independent):**

Name: \_\_\_\_\_ Present Position: \_\_\_\_\_  
Department: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
Faculty: \_\_\_\_\_ Telephone Nos.: \_\_\_\_\_  
Campus: \_\_\_\_\_ Email: \_\_\_\_\_  
Signature~: \_\_\_\_\_

*~ My signature indicates my responsibility to report on the candidate's thesis within the specified time allotted:  
1 MONTH - Research Papers/Projects and 2 MONTHS - Theses*

**EXTERNAL EXAMINERS (Please attach Up-To-Date Curriculum Vitae) †**

*(Names of two (2) examiners are required, one as proxy).*

Name: \_\_\_\_\_ Present Position: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
\_\_\_\_\_ Telephone Nos.: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

**PROXY:**

Name: \_\_\_\_\_ Present Position: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
\_\_\_\_\_ Telephone Nos.: \_\_\_\_\_  
\_\_\_\_\_ Email: \_\_\_\_\_

*†I have/have not \* already obtained confirmation that they are willing to act in this capacity. (\* Delete as appropriate)*

\_\_\_\_\_  
Signature of Head of Department

\_\_\_\_\_  
Date

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**FOR OFFICIAL USE ONLY**

Approved by the Chair, Campus Committee for Graduate Studies & Research:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date