



THE UNIVERSITY OF THE WEST INDIES CAVE HILL CAMPUS

School for Graduate Studies and Research

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RECOMMENDATIONS FOR EXAMINERS OF THESES AND RESEARCH PAPERS/PROJECT REPORTS

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Faculty: Department:

Title of Degree:

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

Name/s of Supervisor/Co-Supervisor:

Internal Examiner(S) †

***Supervisor: (applicable only to Research Papers/Project Reports)**

Name:		Present Position:	
Department:		Fax No.:	
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***Co-Supervisor: (applicable only to Research Papers/Project Reports)**

Name:		Present Position:	
Department:		Fax No.:	
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**Please note that effective February 2014, Supervisors of MPhil and Doctoral Theses will not take part in the formal examination of the Student's thesis.*

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Name:		Present Position:	
Department:		Fax No.:	
Faculty:		Telephone Nos.:	
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~ My signature indicates my responsibility to report on the candidate's thesis or research paper/project report, as applicable, within the specified time allotted: 1 MONTH - Research Papers/Project Reports and 2 MONTHS - Theses

External Examiners (Please attach up-to-date Curriculum Vitae) †

The names of two (2) examiners MUST be submitted.

Name:		Present Position:	
Mailing Address:			
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External Examiner (Proxy):

Name:

Present Position:

Mailing Address:

Email:

Fax No.:

Telephone Nos.:

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

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