



THE UNIVERSITY OF THE WEST INDIES CAVE HILL CAMPUS

School for Graduate Studies and Research

RECOMMENDATIONS FOR EXAMINERS OF THESES AND RESEARCH PAPERS/PROJECT REPORTS

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 report.

Name of Student:

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.:

Faculty: Telephone Nos.:

Campus: Email:

Signature:



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

Name:	<input type="text"/>	Present Position:	<input type="text"/>
Department:	<input type="text"/>	Fax No.:	<input type="text"/>
Faculty:	<input type="text"/>	Telephone Nos.:	<input type="text"/>
Campus:	<input type="text"/>	Email:	<input type="text"/>
Signature:	<input type="text"/>		

**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.*

Internal Examiner (Independent):

Name:	<input type="text"/>	Present Position:	<input type="text"/>
Department:	<input type="text"/>	Fax No.:	<input type="text"/>
Faculty:	<input type="text"/>	Telephone Nos.:	<input type="text"/>
Campus:	<input type="text"/>	Email:	<input type="text"/>
Signature:	<input type="text"/>		

~ 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:	<input type="text"/>	Present Position:	<input type="text"/>
Mailing Address:	<input type="text"/>		
Email:	<input type="text"/>	Fax No.:	<input type="text"/>
Telephone Nos.:	<input type="text"/>		



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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:

OFFICIAL USE ONLY:

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

Signature

Date:

Note on Digital Signatures:

If you wish to create or add a digital signature certificate, you can follow this quick video tutorial:

<https://www.youtube.com/watch?v=z8ISCq6TX7o>

*Alternatively, you may insert your saved signature as an image directly into the signature field. Once you place the image in the signature box, simply press the Escape key on your keyboard to complete other remaining fields on the form.
(This method is usually quicker and easier.)*