

1. Personal details of the candidate

Candidate name:

Department:

School of Graduate Studies

AskAuckland Central Alfred Nathan House The University of Auckland Tel: +64 9 373 7599 ext 81321

Tel: +64 9 373 7599 ext 81321 Email: postgradinfo@auckland.ac.nz

Doctor of Medicine (MD)

Nomination to Senate for Appointment of Examiners for the Degree of Doctor of Medicine

- This form is for use by all departments seeking to nominate potential examiners for candidates in the Degree of Doctor of Medicine at the University of Auckland (for other doctoral degrees, please use form DOC3). It only applies to MD candidates registered under the 2009 regulations for the Degree of Doctor of Medicine or later.
- This recommendation is to be completed by the Head of Department/School.
- Please read the relevant examination regulations for the Degree of Doctor of Medicine.
- Nominated examiners must be from outside the University of Auckland. At least one examiner must be from outside of New Zealand.

ID number:

Degree:

Thesis title:							
2. Candidate's su	pervisors						
Main supervisor:				Joint or co-supervisor:			
3. Examiners for	all MDs						
expert in the field of si University or have any	tudy which is the other conflict o	e subject o f interest v	of the the with the c	e equivalent expertise and exsis. The examiners may no candidate. It is preferable the Australia in case an oral exa	t be staff hat Exam	member	s of the based
Examiner 1				Examiner 2			
Name:			Name:				
UoA ID (if known):			UoA ID (if known):				
Email:			Email:				
Telephone:			Telephone:				
Address: (please suppl	y street address if ou	utside NZ)		Address: (please supply street a	address if ou	tside NZ)	
Willing to participate in oral examination (if required):			Willing to participate in oral examination (if required):				
In person in Aucklar	nd	☐ yes	no	In person in Auckland		☐ yes	no
Remotely via video	conference	☐ yes	no	Remotely via video confere	nce	☐ yes	no

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¹ See <u>Postgraduate Examiner Appointment Procedures</u>

² Conflict of interest may include a significant relationship with the candidate or the candidate's department or the supervisor or the supervisor's department, having published with the candidate or supervisor, or having been involved in the thesis research or preparation of the thesis.

4. Appointment of Examination Committee

No member of the Examination Committee may be a supervisor or have been involved in either the thesis research or preparation of the thesis.

The Faculty of Medical and Health Sciences has an established MD examination committee. Automatic members include the Head of Department or delegate, Head of School of Medicine or delegate, Faculty Dean or delegate, and the Associate Dean (Postgraduate) or delegate. Please advise the name of the Head of Department or delegate for the purposes of this examination.

Associate Dean Postgraduate:

Name:	UoA ID (if known):
Department:	Email:
	Telephone:

Head of Department:

Name:	UoA ID (if known):
Department:	Email:
	Telephone:

Head of School of Medicine:

Name:	UoA ID (if known):
Department:	Email:
	Telephone:

Deputy Dean:

Name:	UoA ID (if known):
Department:	Email:
	Telephone:

5. Oral examination (if required)³

Head of Department Nominee:

Name:	UoA ID (if known):
Department:	Email:
	Telephone:

The independent chair for the oral examination will be appointed by the Board of Graduate Studies.

6. Information to support nominations

Please **attach** full information in support of the nomination of examiners, including a brief CV for each examiner. A statement should be made that each examiner has expertise in the field of study of the thesis and

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³ The independent chair and the HoD Nominee will only be required if the MD Examination Committee recommends an oral examination. The HoD Nominee should have a thorough knowledge of the general field of the thesis topic, and will normally be a staff member of the University of Auckland.

that there is no conflict of interest between the examiners and/or the Examination Committee and the candidate.

Checklist:

Checklist:			
⇒ The proposed examine	ers have been informally a	pproached by:	
⇒ The examiners have agreed to complete their examination within 6-8 weeks			
⇒ A memo is attached ju	ustifying the nomination ar	nd stating that there is no cor	flict of interest
⇒ CVs attached			
7. Approval by Head	of Department		
Signed by HoD/HoS		Signed by HoD/HoS	
Name:		Name:	
Dept/School:		Dept/School:	
Where a candidate's registre	ation is interdisciplinary, the s	ignatures of both Heads of Depai	rtment/School are required.
Completed forms must b		sadmin@auckland.ac.nz for ap	proval by the Board of Graduate
		tudies	
8. Board of Graduate	e Studies Approval		
		. Date	
Chair, Board o	f Graduate Studies		
Comment:			