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.

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| --- | --- | --- | --- |
| 1. Personal details of the candidate | | | |
| Candidate name: |  | ID number: |  |
| Department: |  | Degree: | Doctor of Medicine (MD) |
| Thesis title: |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| 2. Candidate’s supervisors | | | |
| Main supervisor: |  | Joint or co-supervisor: |  |

|  |
| --- |
| 3. Examiners for all MDs |

Examiner nominees should hold a doctoral degree or have equivalent expertise and experience, and be an expert in the field of study which is the subject of the thesis.[[1]](#footnote-1) The examiners may not be staff members of the University or have any other conflict of interest with the candidate.[[2]](#footnote-2) It is preferable that Examiner 1 is based either within New Zealand or on the eastern seaboard of Australia in case an oral examination is required.

|  |  |
| --- | --- |
| Examiner 1 | Examiner 2 |
| Name: UoA ID (if known): Email: Telephone: Address: *(please supply street address if outside NZ)* Willing to participate in oral examination *(if required)*:In person in Auckland 🞏 yes 🞏 noRemotely via video conference 🞏 yes 🞏 no | Name: |
| UoA ID (if known): |
| Email: |
| Telephone: |
| Address: *(please supply street address if outside NZ)* |
| Willing to participate in oral examination *(if required)*:In person in Auckland 🞏 yes 🞏 noRemotely via video conference 🞏 yes 🞏 no |

**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.

***Head of Department or delegate:***

|  |  |
| --- | --- |
| Name: | UoA ID (if known): |
| Department: **DOC3A** | Email: |
| Telephone: |

**5. Oral examination (if required)[[3]](#footnote-3)**

***Head of Department Nominee:***

|  |  |
| --- | --- |
| Name: | UoA ID (if known): |
| Department: **DOC3A** | 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 that there is no conflict of interest between the examiners and/or the Examination Committee, the supervisors and the candidate.

**Checklist:**

⮊ The proposed examiners have been informally approached by:

⮊ The examiners have agreed to complete their examination within 6-8 weeks 🞏

⮊ A memo is attached justifying the nomination and stating that there is no conflict of interest 🞏

⮊ CVs attached 🞏

**7. Approval by Head of Department**

……………………………………………………………………………. …………………………………………….……………………………

Signed by HoD/HoS Date: ………………… Signed by HoD/HoS Date: …………………

Name: ………………………………………………………… Name: ………………………………………………………

Dept/School: ……………………………………………… Dept/School: ……………………………………………

*Where a candidate’s registration is interdisciplinary, the signatures of both Heads of Department/School are required.*

**Completed forms must be scanned and emailed to sgsadmin@auckland.ac.nz**

**for approval by the Board of Graduate Studies**

**8. Board of Graduate Studies Approval**

Signed ……………………………………………………………… Date ……………………………………

Chair, Board of Graduate Studies

Comment:

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1. See [*Postgraduate Examiner Appointment Procedures*](https://www.auckland.ac.nz/en/about/the-university/how-university-works/policy-and-administration/teaching-and-learning/postgraduate-research/examinations/appointmentofexaminers.html) [↑](#footnote-ref-1)
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. [↑](#footnote-ref-2)
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. [↑](#footnote-ref-3)