

Examinations Office Private Bag 92019 Auckland Mail Centre Auckland 1142

## **Masters Thesis or Research Portfolio**

## Part A: Recommendation of Examiners for Approval by Head of Department

Candidate de	taiis					
Name:		ID number:				
Department:		Programme:				
Main superviso	or:	Co-supervisor: (where applicable)				
Working Title:						
Please indicate one of the following: Thesis		Research portfolio		(select as appropriate)		
The work includes a creative practice component:		Yes	No	(select as appropriate)		
Examination						
1. Appointme	ent of Examiners					
For theses or research portfolios with a value of 90 points or more, two examiners are required. Neither examiner may have been involved in supervision of the work. One of the examiners must be appointed from outside the University of Auckland. Further information is contained in the <i>Instructions to Examiners and Assessors</i> found on the staff intranet.						
			External	Payment required		
Examiner 1	Name:  Affiliation:		Yes	Yes		
	Email:		No	No		
Examiner 2	Name:		Yes	Yes		
	Affiliation:			No		
	Email:					
Examiners appointed from within the New Zealand university system are not paid a fee. The fee paid to appointees outside the New Zealand university system is set by the NZVCC at NZ\$125 gst excl. per assignment. If any of the above appointees require payment, please indicate accordingly and provide their email address above. If they are from outside New Zealand, please provide them with the separate International Examiner's Payment Form found on the postgraduate website.						
The proposed examiners have been informally approached by:						
They have agreed to complete their examination within 6 weeks: (please tick)						
No known conflict of interest is involved: (please tick)						
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 research or preparation of the thesis or research portfolio. See <i>Guidelines for the Appointment of Examiners of Doctoral Theses and Masters Research Theses/Portfolios</i> (of 90 points or more).						

Please comment on the suitability of the nomina examination:	ated examiners in relation to the work under
2. Appointment of Examination Committee	
Two members are required: the Departmental Graduate Advise	r (or nominee) and one other. One member must have knowledge have been involved in the supervision or examination of the work.
of the general field of the thesis/research portiono. Neither may	Thave been involved in the supervision of examination of the work.
Departmental Graduate Adviser (or nominee)	
	(enter name)
Other member	
	(enter name)
3. Head of Department	
Head of Department or Acting HoD	
	(enter name)
N.B. If the HoD was involved in the supervision of the candi an examiner or as a member of the Examination Committee	date, or will be involved in the candidate's examination, either as e, an Acting HoD must be appointed.
Signed by HoD/Acting HoD	Date:
Instructions on how to create a digital signature	

Following signature by HoD/Acting HoD, please return this form to the Faculty

Part B of this form (over) to be completed upon consideration of the examination reports

## Part B: Result for a thesis or research portfolio submitted to complete the requirements for a masters degree. Please attach copies of the examiners' reports.

Name: ID number: Date submitted:  Title of thesis / research portfolio (please delete as appropriate):					
Title of thesis / research portfolio (please delete as appropriate):					
Grade for thesis / research portfolio					
Course code: Points:					
Name (please print) Grade recommended					
Examiner 1					
Examiner 2					
Result recommended by Examination Committee:					
Explanation: If the examiners' recommendations agree to within 10 percentage points and do not cross a boundary between grades of honours, the marks may be averaged without justification. Otherwise the Examination Committee must provide justification for their recommendation below or on a separate page:					
Date:					
Signed by Departmental Graduate Adviser (or nominee)  Instructions on how to create a digital signature					
Final result recommended by Head of Department:					
Date					
Signed by HoD/Acting HoD Instructions on how to create a digital signature					
Affirmation of integrity of examination process and approval of final result					
Date:					

Once completed please return both Parts A and B of this form to the Examinations Office, ClockTower Bldg 105.

It is requested that a copy be retained in your Faculty.