

AS-512T

Examinations Office Private Bag 92019 Auckland Mail Centre Auckland 1142

Research in Postgraduate Programmes (except masters thesis and research portfolio)

Research components of 30 pts and above

Part A. Recon	mendation of Examiner a	ilu Assessoi iui	Approva	ar by rieau c	от рерагитети		
Candidate de	etails						
Name: ID			nber:				
Department:			mme:	me:			
Main superviso		Co-supervisor: (where applicable)					
Please indicate	points value of research cor	nponent:		•			
Examination							
1. Appointm	ent of Examiner and Asse	ssor					
whom should nor	oonents with a points value of 30 po mally be appointed from outside the tained in the <i>Instructions to Examir</i>	University of Aucklan	nd. The supe	ervisor cannot b	are required, one of e the assessor. Further		
				External	Payment required		
Examiner	One examiner required (may be the Name:	One examiner required (may be the supervisor) Name:			Yes		
	Affiliation:			No	No		
	Email:	nail:					
Assessor	One assessor required (may not be the supervisor)			Yes			
	Name:				Yes		
		Affiliation:			No		
	Email:						
appointees outsid above appointees	sessors appointed from within the Ne the New Zealand university syster require payment, please indicate acand, please provide them with the se	n is set by the NZVC0 cordingly and provid	C at NZ\$125 e their emai	gst excl. per as I address above	ssignment. If any of the . If they are from		
2. Graduate	Advisor						
May not be the Ad	cademic Head (or Acting Head), supe	ervisor, examiner or	assessor of	the work.			
Graduate Advi	sor or nominee				(enter name)		
3. Head of D	Pepartment						
Head of Depar				(enter name)			
	as involved in the supervision of the s an assessor, an Acting HoD must b		e involved in	the candidate's	examination, either as		

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

Signed by HoD/Acting HoD

Part B: Result for the research component of a postgraduate programme (other than a thesis or research portfolio submitted for a masters degree). Please attach copies of the examiner's and assessor's reports.

Candidate details									
Name:	ID number:			Date submitted:					
Title of work:									
Grade for research component									
Course code:	ourse code:			Points:					
	Name (please print)		Grade recommended						
Examiner									
Assessor									
Result recommended for research component:									
Explanation: If the examiner's and assessor's 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 a subcommittee of the Departmental Postgraduate Committee must provide justification for their recommendation below or on a separate page:									
Signed by Gra	duate Advisor (or nom	inee)			Date:				
Result recomm	nended by Head of Dep	partment:							
Signed by HoD / Acting HoD			Date:						
	ed Results Process invo ach supporting documentation		:5	No	(tick as appropriate)				
Affirmation of integrity of examination process and enpreyed of final regult									
Affirmation of integrity of examination process and approval of final result									
Faculty Dean	/ Associate Dean (Post				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 Student Centre.