

*Please forward to Executive Officer, COGS, when ALL signatures have been obtained.*

The University's privacy statement can be viewed at <http://www.monash.edu.au/legals/privacy.html>

**SECTION 1: CANDIDATE DETAILS**

Student #:  Department:

Degree: 0498 MA  2953 MFA  3111 MDES

Family Name:  Title:

Given Names:

FINAL Thesis Title:

Discipline:

**SECTION 2A: TO BE COMPLETED BY MAIN SUPERVISOR**

**REPLACEMENT EXAMINER ONE**

**REPLACEMENT EXAMINER TWO**

Title:	<input type="text"/>	<input type="text"/>
Name:	<input type="text"/>	<input type="text"/>
Full work address (not PO Box):	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>
Fax Number:	<input type="text"/>	<input type="text"/>
Phone Number:	<input type="text"/>	<input type="text"/>
Email:	<input type="text"/>	<input type="text"/>
Specific Field of Expertise:	<input type="text"/>	<input type="text"/>
Position in Institution:	<input type="text"/>	<input type="text"/>
Agreed to Act:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HDR Examination Experience:	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

*If the nominee has NOT examined HDR students before, please provide a current Curriculum Vitae*

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**SECTION 2B: TO BE COMPLETED BY MAIN SUPERVISOR**

Has the candidate indicated in response to a general query whether any of the above nominees are unsuitable?

YES  NO

Has the candidate worked in association with any examiner listed above?

YES  NO

If yes, which examiner(s): \_\_\_\_\_  
\_\_\_\_\_

What are the circumstances of the association(s): \_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

Date:     /     /

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**SECTION 3: TO BE COMPLETED BY HEAD OF DEPARTMENT**

APPROVED

NOT APPROVED – New examiners must be found before form can be submitted to COGS

Head of Department's Name: \_\_\_\_\_

Head of Department's Signature: \_\_\_\_\_

Date:     /     /

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**SECTION 4: COGS ENDORSEMENT**

Approved      Not Approved

Callista Updated:

Executive Officer's Name: \_\_\_\_\_

Executive Officer's Signature: \_\_\_\_\_

Date:     /     /