



THE UNIVERSITY OF THE WEST INDIES
School for Graduate Studies and Research

**RECOMMENDATIONS FOR EXAMINERS
OF THESES AND RESEARCH PAPERS/PROJECT REPORTS**

CONFIDENTIAL: NOT FOR STUDENT VIEWING

The completed form is to be submitted to the Campus Office of Graduate Studies and Research by the HOD/ Graduate Coordinator three (3) months before the final submission of the thesis/research paper/project report.

Name of Student: _____
(Last name) (First name) (Middle Name)

Faculty: _____ Department: _____

Title of Degree: _____

Title of Thesis/Research Paper/Project Report as approved by the University: _____

Name/s of Supervisor/Co-Supervisor: _____

INTERNAL EXAMINER(S) †

***Supervisor: (applicable only to Research Papers/Project Reports)**

Name: _____ Present Position: _____

Department: _____ Fax No.: _____

Faculty: _____ Telephone Nos.: _____

Campus: _____ Email: _____

Signature~: _____

***Co-Supervisor: (applicable only to Research Papers/Project Reports)**

Name: _____ Present Position: _____

Department: _____ Fax No.: _____

Faculty: _____ Telephone Nos.: _____

Campus: _____ Email: _____

Signature~: _____

**Please note that effective February 2014, Supervisors of MPhil and Doctoral Theses will not take part in the formal examination of the Student's thesis.*

Internal Examiner (Independent):

Name: _____ Present Position: _____
 Department: _____ Fax No.: _____
 Faculty: _____ Telephone Nos.: _____
 Campus: _____ Email: _____
 Signature~: _____

~ My signature indicates my responsibility to report on the candidate's thesis or research paper/project report, as applicable, within the specified time allotted: 1 MONTH - Research Papers/Project Reports and 2 MONTHS - Theses

EXTERNAL EXAMINERS (Please attach up-to-date Curriculum Vitae)[†]

The names of two (2) examiners MUST be submitted.

Name: _____ Present Position: _____
 Mailing Address: _____ Fax No.: _____
 _____ Telephone Nos.: _____
 _____ Email: _____

EXTERNAL EXAMINER (Proxy):

Name: _____ Present Position: _____
 Mailing Address: _____ Fax No.: _____
 _____ Telephone Nos.: _____
 _____ Email: _____

[†] *I have/have not * already obtained confirmation that they are willing to act in this capacity. (* Delete as appropriate)*

 Signature of Head of Department _____ Date _____

FOR OFFICIAL USE ONLY

Approved by the Chair, Campus Committee for Graduate Studies & Research:

 Signature _____ Date _____