|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***PLEASE NOTE*** | ***As of 22 September 2022, all doctoral examiners must be external to AUT University as per CUAP doctoral assessment criteria.***   * ***This form must be typed. Handwritten forms will not be accepted.*** * ***Double-clicking on the check boxes enables you to change them from not-checked to checked.*** * ***Normally, examiners are chosen on the basis of content, methodology and experience*** * ***Normally 2 examiners are appointed for doctoral and master’s examinations. All doctoral examiners must be external to AUT, one of whom must be international.*** | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Student ID** | |  | | | | | | | | | | | | **Name** | |  | | | | | | | | | | | |
| **Is the Student an AUT Staff Member?** | | | | | | | | | | | | | | **Yes** | |  | | | **No** | | |  | | | | | |
| **Faculty** | | Choose a Faculty | | | | | | | | | | | | **School/Dept** | | | | |  | | | | | | | | |
| **Programme** | |  | | | | | | | | | | | | **Expected Date of Submission** | | | | |  | | | | | | | | |
| **Research Component** | | Choose an item. | | | | | | | | | | | | **Points Value** | | | | |  | | | | | | | | |
| **Research Format** | | Choose an item. | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Title** | |  | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Has an embargo been approved for this research?** | | | | | | | | **Yes** |  | | | **No** | | |  | | | | **Approved for** | | | |  | | | | **months** |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **The following persons are recommended for appointment as examiners for the above student. Details on the nominated examiners are attached which briefly outline to the suitability of the examiners and their experience in the examination of theses/dissertations.**  ***Note: Honoraria for master’s examinations are not normally paid to examiners in the wider university community***  ***If the student is an AUT staff member and/or a doctoral student, ALL examiners must be external.***  ***All faculty approvals must be signed before this form is sent to the GRS***  ***Examiners should not have had any working relationship with the student*** | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| First Examiner | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | |  | | | | | | | | | **Willingness to Accept** | | | | | | | **Yes** | | | | **No** | | | |
| **Qualifications (Qual & Uni)** | | | |  | | | | | | | | | **Examined Before** | | | | | | | **Yes** | | | | **No** | | | |
|  | | | |  | | | | | | | | |  | | | | | | | **Doct** | | | | **Master’s** | | | |
|  | | | |  | | | | | | | | | **Number of Previous Doctoral Examinations** | | | | | | | |  | | |  | | | |
| **Institution (Current Employer)** | | | |  | | | | | | | | | **Honorarium** | | | | | | | **Yes** | | | | **No** | | | |
| **Office Ph** | | | |  | | | | | | | | | **Honorarium Amount** | | | | | | |  | | | | | | | |
| **E-Mail Address** | | | |  | | | | | | | | | **Mbl Number** | | | | | | |  | | | | | | | |
| **Justification**  (Please attach current CV which should include examination experience) | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| Second Examiner | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | |  | | | | | | | | | | **Willingness to Accept** | | | **Yes** | | | | | | | **No** | | | |
| **Qualifications (Qual & Uni)** | | | |  | | | | | | | | | | **Examined Before** | | | **Yes** | | | | | | | **No** | | | |
|  | | | |  | | | | | | | | | |  | | | **Doct** | | | | | | | **Master’s** | | | |
|  | | | |  | | | | | | | | | | **Number of Previous Doctoral Examinations** | | |  | | | | | | |  | | | |
| **Institution (Current Employer)** | | | |  | | | | | | | | | | **Honorarium** | | | **Yes** | | | | | | | **No** | | | |
| **Office Ph** | | | |  | | | | | | | | | | **Honorarium Amount** | | |  | | | | | | | | | | |
| **E-Mail Address** | | | |  | | | | | | | | | | **Mbl Number** | | |  | | | | | | | | | | |
| **Justification**  (Please attach current CV which should include examination experience) | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reserve Examiner(if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | |  | | | | | | | | | | **Willingness to Accept** | | | **Yes** | | | | | | | **No** | | | |
| **Qualifications (Qual & Uni)** | | | |  | | | | | | | | | | **Examined Before** | | | **Yes** | | | | | | | **No** | | | |
|  | | | |  | | | | | | | | | |  | | | **Doct** | | | | | | | **Master’s** | | | |
|  | | | |  | | | | | | | | | | **Number of Previous Doctoral Examinations** | | |  | | | | | | |  | | | |
| **Institution (Current Employer)** | | | |  | | | | | | | | | | **Honorarium** | | | **Yes** | | | | | | | **No** | | | |
| **Office Ph** | | | |  | | | | | | | | | | **Honorarium Amount** | | |  | | | | | | | | | | |
| **E-Mail Address** | | | |  | | | | | | | | | | **Mbl Number** | | |  | | | | | | | | | | |
| **Justification**  (Please attach current CV which should include examination experience) | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| creative work – exhibition / performance details | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **If applicable please provide below details of your exhibition/performance etc** | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Exhibition/Performance Name (if applicable)** | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |
| **Date(s)** | | | | |  | | | | | | | | | **Time(s)** | | | |  | | | | | | | | | | |
| **Venue**  Attach a map to this form if appropriate | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
| **Chairperson**  Should not be from the same department | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| declaration of potential conflict of interest | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Note: Declaring a potential conflict of interest may not inhibit the appointment of an examiner depending on the nature of the conflict. It is important to declare a possible conflict of interest so that the conflict situation can be discussed and managed.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Is there a conflict of interest with one of the nominated examiners?** | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | **No** | | | | |
| **If yes, detail the nature of the conflict:** | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Does the involvement of the proposed examiner impinge on the academic integrity of the University?** | | | | | | | | | | | | | | | | | **Yes** | | | | | | | | **No** | | | | |
| **I, the Associate Dean (Postgraduate) is aware of the potential conflict of interest and confirm that I will oversee and manage the conflict** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Assoc Dean** | | |  | | | | | | | **Signature** | | | |  | | | **Date** | | | | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| school and faculty approvals | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***A reminder that the supervision team should be EITHER primary/secondary*** ***structure OR co-supervisor structure throughout, not a mix of both.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Supervisor Type (select option)** | | | | | | |  | | | **Signature** | | | |  | | | | | | **Date** | | | | | |  | | | |
| **Supervisor Type (select option)** [**i**](#Sturcture) | | | | | | |  | | | **Signature** | | | |  | | | | | | **Date** | | | | | |  | | | |
| **Supervisor Type (select option)** | | | | | | |  | | | **Signature** | | | |  | | | | | | **Date** | | | | | |  | | | |
| **Supervisor Type (select option)** | | | | | | |  | | | **Signature** | | | |  | | | | | | **Date** | | | | | |  | | | |
| **Mentor Supervisor** | | | | | | |  | | | **Signature** | | | |  | | | | | | **Date** | | | | | |  | | | |
| **Assoc Dean** | | | | | | |  | | | **Signature** | | | |  | | | | | | **Faculty**  **Approval Date** | | | | | |  | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

## Different Types of Conflict of Interest

Different types of conflict of interest include but are not limited to:

* Conflict with the student; supervisor; subject matters; and/or institution and any other following relationships that are:
  + Working relationships
  + Personal relationships
  + Legal relationships
  + Family relationships
  + Business/professional/social relationships
  + Publications
  + Public Forums
  + Research
  + Presentations