

UNIVERSITY OF NEW ENGLAND
SCHOOL OF SCIENCE AND TECHNOLOGY
POSTGRADUATE COURSEWORK RESEARCH THESIS
CONFIDENTIAL RECOMMENDATION OF EXAMINERS FORM
Please return completed document electronically to: cam-st@une.edu.au

Conflicts of Interest:

A person should **not** be nominated as an examiner if s/he:

- has had any involvement in the student's research, including supervision of the candidate in field or laboratory work or elsewhere during candidature;
- is a close associate (spouse/partner, other relative, close business friend or business partner) of either the candidate or the supervisor of the candidate

A conflict of interest needs to be declared if an examiner:

- has been a student under supervision of the supervisor either at UNE or elsewhere
- has co-published or co-edited or conducted any research with the candidate
- has co-published or co-edited with any member of the supervision panel in the last 5 years
- has worked in the same department within an institution as the candidate
- has been used as a reviewer/examiner for a previous qualification of the candidate
- has had any other working or supervisor relationship with the candidate or supervisor that could be perceived as a conflict of interest. Refer to [Conflicts of Interest](#) Policy for guidance.

Any likely conflict of interest must be declared on this form. The existence of a conflict of interest does not automatically preclude a nominee being approved as a thesis examiner. When considering a nominee, the School Education Committee looks at the nature and severity of any conflict(s) of interest.

Student Name:	
Student Number:	
School:	
Thesis Title:	
Expected Date of Submission:	
Coursework Masters degree: Please list the full degree name.	
<u>Supervisors:</u> All supervisors, including any adjunct or honorary staff, who have been associated with this student's thesis, portfolio or creative work during candidature <u>MUST</u> be listed.	

Examiner 1	
Title:	
Surname or Family Name:	
Given or Personal Name(s):	
Position:	
Institution:	
Examiner Email Address:	
Why is this examiner suitable? (Please include an outline of her/his areas of expertise and/or relevant industry professional experience or their profile link)	
Have you confirmed that this examiner will be available to complete their report within two months from the date of receipt of the electronic thesis?	

Examiner 2	
Title:	
Surname or Family Name:	
Given or Personal Name(s):	
Position:	
Institution:	
Examiner Email Address:	
Why is this examiner suitable? (Please include an outline of her/his areas of expertise and/or relevant industry professional experience or their profile link)	
Have you confirmed that this examiner will be available to complete their report within two months from the date of receipt of the electronic thesis?	

****At least one of the above examiners must be external to the University.**

Examiner 3 (Reserve)	
Title:	
Surname or Family Name:	
Given or Personal Name(s):	
Position:	
Institution:	
Examiner Email Address:	
Why is this examiner suitable? (Please include an outline of her/his areas of expertise and/or relevant industry professional experience or their profile link)	
Have you confirmed that this examiner will be available to complete their report within two months from the date of receipt of the electronic thesis?	

Principal Supervisor:

I confirm that the identity of these recommended examiners has not been revealed to the candidate.

If any of the nominated examiners are UNE staff, I confirm that they have not been involved in supervision of the candidate.

Conflict of Interest Declaration

Is there the potential for a perceived or actual Conflict of Interest in the nomination of these examiners	Yes		No	
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If you answered yes to the above, please provide an explanation as to why you are still nominating this examiner.

(Principal Supervisor)

____/____/_____
(Date)

Last Updated 20/06/2023