

THE UNIVERSITY OF ZAMBIA

DIRECTORATE OF RESEARCH AND GRADUATE STUDIES

NOMINATION OF EXAMINERS - MASTERS DEGREE BY RESEARCH AND DOCTORAL DEGREE

Title of Degree: _____

Name of Student: _____

Computer Number: _____

School: _____

Department: _____

Thesis Title: _____

Proposed Submission Date: _____

Nomination of Internal Examiners:

Internal Examiner 1:

Name: _____ Position in UNZA: _____

Internal Examiner 2:

Name: _____ Position in UNZA: _____

Nomination of External Examiner (Curriculum Vitae must be submitted)

Name and Address: _____

Qualifications: _____

Position Held: _____

Nominated by:

Name of Supervisor: _____

Signature: _____ Date: _____

Approved by:

Name of Head of Department: _____

Signature: _____ Date: _____

Notes: 1. This Form must be submitted to the appropriate Assistant Dean for Postgraduate Studies for approval by the School Postgraduate Studies Committee.

2. A curriculum vitae should be submitted for any Examiners who are not academic staff of the University.