**PART A TO BE COMPLETED BY CANDIDATE:**

**Please complete in typescript, or black ink.**

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| --- | --- |
| Name | Click here to enter text. |
| Student Reference Number | Click here to enter text. |
| Please note any special circumstances which you feel should be taken into account in the conduct of the Viva | Click here to enter text. |
| Present Address [please include postcode] | Click here to enter text. |
|  | Click here to enter text. |
|  | Click here to enter text. |
|  | Click here to enter text. |
| Postcode | Click here to enter text. |

**Your student record will automatically be updated to the above address. Please send future address updates to** [**pgsstaff@aber.ac.uk.**](mailto:pgsstaff@aber.ac.uk)

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| Tel: Landline | Click here to enter text. | | | | Mobile: | | Click here to enter text. | | |
| Current active email | | | Click here to enter text. | | | | | | |
| Alternative (Non-Aberystwyth University) email | | | Click here to enter text. | | | | | | |
| Qualification aim | Click here to enter text. | | | Is this a resubmission? | | | | YES  NO | |
| Mode of study | Click here to enter text. | Expected date of submission (for admin purpose only | | | | | | | Click here to enter a date. |
| Title of thesis | Click here to enter text. | | | | | | | | |
| As per the Guidance Notes has the External Examiner ever advised you on your research? If so please provide details below:  Click here to enter text. | | | | | | | | | |
| Name of 1st Supervisor | | | Click here to enter text. | | | | | | |
| Name of 2nd Supervisor | | | Click here to enter text. | | | | | | |
| Student signature | | | | | | Click here to enter a date. | | | |

**Part B: To be completed by the Postgraduate Co-ordinator and signed by the Institute Director of Research or Postgraduate Studies. The Departmental Postgraduate Co-ordinator will be the contact point for the Graduate School Administrator in relation to the student’s submission and examination.**

**Any missing or incomplete information may result in a delay in approval of the proposed Examiners.**

**External Examiners must be appointed in accordance with the criteria for appointment of external examiners set out in section 7.11 of the Academic Quality Handbook. Where possible, they should be based in the UK.**

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| **First External Examiner (must be completed for all Candidates)** | | | Click here to enter text. | | |
| Name | | | Click here to enter text. | | |
| Position | | | Click here to enter text. | | |
| Qualifications | | | Click here to enter text. | | |
| Address | | | Click here to enter text. | | |
|  | | | Click here to enter text. | | |
|  | | | Click here to enter text. | | |
| Postcode | | | Click here to enter text. | | |
| Telephone Number | Click here to enter text. | Email Address | | | Click here to enter text. |
| Has the External Examiner confirmed their right to work in the UK and provided scanned copies of documents confirming this? If **NO,** HR should be consulted but the examiner may not normally be appointed.  Please note that the University is required to undertake a right to work check on everyone who undertakes paid work. This includes checks on External Examiners who are contracted to perform a specific service, even if they are already employed by other UK institutions. These checks apply to ALL External Examiners including UK nationals.  You must obtain a scanned copy of one of the following:   * A passport or national identity card showing the holder is a national of the UK, another European Economic Area country or Switzerland; * A current Biometric Immigration Document (Biometric Residence Permit) issued by the Home Office, , **if the External Examiner is on a Tier 2 Visa then the individual is required to provide a copy of their offer letter or contract from the Academic Institution that is their main employer.   Please contact the HR Department for advice for these External Examiners.  This is essential for payment to be made.** * A current passport endorsed to show that you are allowed to stay in the UK and are currently allowed to do the type of work in question; * A full birth or adoption certificate issued in the UK which includes the name of at least one of the holder’s parents or adoptive parents, together with an official document giving the person’s permanent National Insurance number and their name issued by a Government agency or a previous employer.   You must ensure that the Examiner brings the original documentation for verification purposes on the day. The Academic Registry Office will also advise the examiners to bring the documents. | | | | | |
| Preferred Language of correspondence | | | | WelshEnglish | |
| Has the nominee informally agreed to act as an external examiner? | | | | YES  NO | |
| Has the nominee been a member of staff or student at AU in the last 5 years? | | | | YES  NO | |
| List of Recent publications, particularly within area of candidate’s research (up to 5) | | | | | |
| 1. Click here to enter text. | | | | | |
| 2. Click here to enter text. | | | | | |
| 3. Click here to enter text. | | | | | |
| 4. Click here to enter text. | | | | | |
| 5. Click here to enter text. | | | | | |
| Number of Research Students supervised? Click here to enter text. | | | | | |
| Previous Postgraduate Research Degree Examining Experience? (Numbers required)  Click here to enter text. | | | | | |

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| **Second External Examiner (Staff Candidates)** | | | | Click here to enter text. | | |
| Name | | | | Click here to enter text. | | |
| Position | | | | Click here to enter text. | | |
| Qualifications | | | | Click here to enter text. | | |
| Address | | | | Click here to enter text. | | |
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|  | | | | Click here to enter text. | | |
| Postcode | | | | Click here to enter text. | | |
| Telephone Number | Click here to enter text. | Email Address | | | | Click here to enter text. |
| Has the External Examiner confirmed their right to work in the UK and provided scanned copies of documents confirming this? If **NO,** HR should be consulted but the examiner may not normally be appointed.  Please note that the University is required to undertake a right to work check on everyone who undertakes paid work. This includes checks on External Examiners who are contracted to perform a specific service, even if they are already employed by other UK institutions. These checks apply to ALL External Examiners including UK nationals.  You must obtain a scanned copy of one of the following:   * A passport or national identity card showing the holder is a national of the UK, another European Economic Area country or Switzerland; * A current Biometric Immigration Document (Biometric Residence Permit) issued by the Home Office, , **if the External Examiner is on a Tier 2 Visa then the individual is required to provide a copy of their offer letter or contract from the Academic Institution that is their main employer.   Please contact the HR Department for advice for these External Examiners.  This is essential for payment to be made.** * A current passport endorsed to show that you are allowed to stay in the UK and are currently allowed to do the type of work in question; * A full birth or adoption certificate issued in the UK which includes the name of at least one of the holder’s parents or adoptive parents, together with an official document giving the person’s permanent National Insurance number and their name issued by a Government agency or a previous employer.   You must ensure that the Examiner brings the original documentation for verification purposes on the day. The Academic Registry Office will also advise the examiners to bring the documents | | | | | | |
| Preferred Language of correspondence | | | | | WelshEnglish | |
| Has the nominee informally agreed to act as an external examiner? | | | | | YES  NO | |
| Has the nominee been a member of staff or student at AU in the last 5 years? | | | | | YES  NO | |
| List of Recent publications, particularly within area of candidate’s research (up to 5) | | | | | | |
| 1. Click here to enter text. | | | | | | |
| 2. Click here to enter text. | | | | | | |
| 3. Click here to enter text. | | | | | | |
| 4. Click here to enter text. | | | | | | |
| 5. Click here to enter text. | | | | | | |
| Number of Research Students supervised? | | | Click here to enter text. | | | |
| Previous Postgraduate Research Degree Examining Experience? (Numbers required) | | | Click here to enter text. | | | |

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| **Internal Examiner Note: Must not be the supervisor past or present** | | | | | |
| Name | | | | Click here to enter text. | |
| Department | | | | Click here to enter text. | |
| Telephone Number | Click here to enter text. | Email Address | | | Click here to enter text. |
| Has this member of staff supervised a student to completion of a PhD?  **YES**   **NO** | | | If NO please justify the nomination of this examiner  Click here to enter text. | | |
| Number of Research Students supervised to completion | | | | Click here to enter text. | |
| Previous PG Examining experience as an Internal or External Examiner (numbers required) | | | | Click here to enter text. | |
| Preferred Language for correspondence | | | | WelshEnglish | |

**The Chair: (Normally the Head of Department or senior academic member of staff)**

**Please note that since January 2016 ALL chairs of Viva Voce Examinations must have completed the mandatory good practice workshops provided by the Graduate School.**

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| --- | --- | --- | --- | --- |
| Has the nominated Chair attended the Graduate School Good Practice Workshop or is expected to have done so by the viva voce? If no, the Chair may not be appointed. | | | | |
| Name | | | Click here to enter text. | |
| Telephone Number | Click here to enter text. | Email Address | | Click here to enter text. |
| Signed |  | Date | | Click here to enter a date. |

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| Proposed viva date if discussed with external examiner:  Please note that a viva date cannot be finalised until the examiners have been approved. However, if a date or rough time frame has been discussed with the external examiner, please note this date. This will enable AQRO to prioritise work, especially if the viva is to be held imminently | Click here to enter text. |

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| **Institute Director of Research or PG Studies Approval** | | | | |
| Name | | | Click here to enter text. | |
| Telephone Number | Click here to enter text. | Email Address | | Click here to enter text. |
| Signed |  | Date | | Click here to enter a date. |

**Please return this form to the Graduate School Administrator, Room S8, Graduate School, Third Floor, Cledwyn Building**