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| **Student Name:**   | **Student Number:**  | **Degree:**  |
| **Title of PhD Programme, if appropriate:**  |
| **Title of Thesis:**  |
| **School:** |
| **Supervisor Name:** |
| **Provisional date of *viva voce*:** | **Chair of *viva voce*:** |
| *Note: A viva voce must be held for all Ph.D. candidates. In the case of a Master's degree or an M.D. degree, either examiner may request a viva voce on academic grounds, having examined the thesis (Cal. Pt. II, Section 2).*  |
| **Nominated External Examiner:** |
| **Institution/Professional Address:** |
|  |
| **Phone No.** | **Email:** |
| **Please confirm that the proposed external examiner has no collaborative links with either the supervisor or the student such as might compromise his or her independence** **Yes**  | **Please confirm that the proposed external examiner has not acted as such in the same School/Dept/Discipline in the previous three years (or previous two years for a PG taught programme) or in the same School/Dept/Discipline for the previous five years or for a student under the same principal supervisor for the previous five years and has not been connected with Trinity College either as a member of staff in the previous five years** **or as a student within the past five years** **Yes**  |
| **Has informal consent to act been received?** *(Please seek such assent before submitting form)* **Yes**  | **Can Examiner attend *viva voce*?***(Please seek such assent before submitting form)***Yes** **Has the examiner agreed to participate in a remote *viva voce*?****Yes** |
| **Please attach a CV or description of the proposed examiner’s academic credentials, detailing qualifications, present post and research interests.** |

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| **Nominated Internal Examiner:** |
| **College Address:** |
| **Phone No.** | **Email:** |
| **Is the DTLPG satisfied that all taught elements of the PhD programme have been completed, if appropriate?**  **Yes** **No**  |
| **Save where requested by the school, the candidate or the examiner(s) all PhD and Research Masters are now submitted in electronic form. I confirm that electronic submission of the thesis is appropriate in this case and that the two examiners wish to receive the thesis in electronic format. Please tick the box to confirm**  |
| **Signature:** **Director of Teaching and Learning (Postgraduate)** |
| **OR** **Approved Nominee:**  |
| **Date:**  |

**Please return nomination forms by email to** **gsothese@tcd.ie**