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| ***Appointment of Examiners*** ***Application Form*** |  **Degree Committee for the****Faculty of Philosophy** |
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**Part I & III (if applicable) - to be completed by Student**

**In order to appoint PhD Examiners for you, we require your contact details, your thesis title and a copy of your summary (no more than one side of A4, and approx. 300 words).**

**Please email your application form, along with your abstract to the Postgraduate Secretary at** **als58@cam.ac.uk**

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| --- | --- | --- | --- |
| **1** | **Surname (Family Name)**  | **Forenames(s)** | **Title** |
|  |  |  |  |
|  |  |  |
| **2** | **Address (during period immediately after submission)**  | **@Cam email** |
|  |  |  |
|  |  |
| **3** | College |
|  |  |
| **4** | **Name of your Supervisor** |
|  |  |
| **5** | **Title of Thesis (please be exact – this should be the FINAL title for approval by the Committee)** |
|  |  |  |  |
| **6** | **Expected date of submission** |
|  |  |  |  |
| **7** | **Any dates after submission date when you would NOT be available for the oral examination (please give contact details relating to any period of absence)** |
|  |  |  |  |
| **8** | **If relevant, please note the final date after submission date by which you would need the viva to take place, if you have a job offer dependent on this/visa restrictions, etc.**  |
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|  |  |  |  |  |  |
| Signature of student: |  | Date: |  |  |
| **Part II - to be completed by the Supervisor** **Please list below up to five proposed Internal and External Examiners, in order of preference, to be approved by Degree Committee. Please indicate whether or not you have informally approached the proposed examiners**

|  |  |
| --- | --- |
| 1. **Name of Internal Examiner**
 | 1. **Name of External Examiner**
 |
|  |  |
| **University of Internal Examiner** | **University of External Examiner** |
|  |  |
| **Have you approached this person to see if they would be prepared to act? Y/N** | **Have you approached this person to see if they would be prepared to act? Y/N** |
|  |  |
| 1. **Name of Internal Examiner**
 | 1. **Name of External Examiner**
 |
|  |  |
| **University of Internal Examiner** | **University of External Examiner** |
|  |  |
| **Have you approached this person to see if they would be prepared to act? Y/N** | **Have you approached this person to see if they would be prepared to act? Y/N** |
|  |  |
| 1. **Name of Internal Examiner**
 | 1. **Name of External Examiner**
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|  |  |
| **University of Internal Examiner** | **University of External Examiner** |
|  |  |
| **Have you approached this person to see if they would be prepared to act? Y/N** | **Have you approached this person to see if they would be prepared to act? Y/N** |
|  |  |
| 1. **Name of Internal Examiner**
 | 1. **Name of External Examiner**
 |
|  |  |
| **University of Internal Examiner** | **University of External Examiner** |
|  |  |
| **Have you approached this person to see if they would be prepared to act? Y/N** | **Have you approached this person to see if they would be prepared to act? Y/N** |
|  |  |
| 1. **Name of Internal Examiner**
 | 1. **Name of External Examiner**
 |
|  |  |
| **University of Internal Examiner** | **University of External Examiner** |
|  |  |
| **Have you approached this person to see if they would be prepared to act? Y/N** | **Have you approached this person to see if they would be prepared to act? Y/N** |

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| **I am content for my student to submit their thesis for examination by the date given above** |
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|  |  |  |  |  |  |
| Name of Supervisor in print: |
|  |  |
|  |  |
|  |  |
| Signature: | Date: |



The Student Registry

Academic Division

**Part III – to be completed by student if applicable**

**Voluntary disclosure of additional requirements of relevance to *viva* examinations for:**

**MPhil (examined by thesis and oral only), MSc, MLitt and PhD degrees and the CPGS**

The University wishes to ensure that all candidates are examined appropriately.

You will have been invited when you applied for admission to disclose any disability or chronic illness. Whether or not you did disclose at the time, you may wish to do so now, or to update this information, so that we are aware of any additional requirements required for your oral examination. ***The examiners will be supplied with the information from this form, rather than any previous disclosure of disability****.*

e.g. if you need a **British Sign Language interpreter** or **wheelchair access** you might find it helpful if the examiners know this.

If you are **dyslexic** or have **other specific learning difficulties**, you might wish the examiners to be aware of this when they conduct the viva. However, please bear in mind that the Degree Committee ***expects you to have taken all reasonable means available to make sure that your written work has been checked for spelling and other typographic problems before it is submitted for examination*.**  If you and/or your supervisor are unsure about what **assistance** might be available for helping with production of a well-presented dissertation, please consult the Disability Resource Centre’s website <http://www.admin.cam.ac.uk/univ/disability/students/dyslexia.html>, or ask your College Tutor.

**Please note that the examiners do not take into account any disability when judging the merit of the dissertation itself – this stands on its own merits as a piece of written work.**

**Disclosure at this stage is entirely voluntary and for the purpose of the oral examination only.**

*If you wish the examiners to be aware of any disability or chronic illness when arranging or conducting the viva examination, please complete the following form: (tick the box to the left of the relevant statement)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | I have a Specific Learning Difficulty e.g. Dyslexia/Dyspraxia/AD(H)D |  | I am blind or have a serious visual impairment uncorrected by glasses |
|  | I have a social/communication condition, such as Asperger’s syndrome or other autistic spectrum condition |  | I am colour-blind |
|  | I have a mental health condition such as depression/schizophrenia/anxiety  |  | I am deaf or have a serious hearing impairment |
|  | I have a long-standing illness or health condition, e.g. chronic heart disease, epilepsy |  | I have a physical impairment (e.g. using a wheelchair) |
| ARRANGEMENTS FOR ADDITIONAL REQUIREMENTSIf you have disclosed a disability or chronic illness that requires additional arrangements, such as rest breaks, access or specific equipment to be made for the viva examination, please tell us what these are: |
| Name (please print) | Signature | Date |

Please return this form to the Degree Committee office (als58@cam.ac.uk) **when your Examiners are appointed or at the latest no more than four weeks before the oral examination**. The Degree Committee may forward the information supplied in the form to the Disability Resource Centre for advice on any additional arrangements for the oral examination.

June 2022