

OLLSCOIL NA hÉIREANN, GAILLIMH
NATIONAL UNIVERSITY OF IRELAND, GALWAY

Research Masters - APPROVAL OF EXAMINERS

(in accordance with College Regulations)

Surname:	
First Name(s):	
Student Number:	
School/Discipline/Institute	
Other Degrees:	
Title of Thesis:	

NUI Galway Record

Academic Year	Indicate whether 1 st , 2 nd 3 rd year	State whether full time or part time

Candidates must be registered at the time of submission of the thesis. Full-time candidates are allowed two years in which to complete the degree from the date of registration. Part-time candidates are allowed three years to complete the degree from the date of registration.

EXAMINER DETAILS

External Examiner Name:	
--------------------------------	--

Address:	
Phone:	
Fax:	
E-mail:	

Is the Extern Examiner working in, or associated with a Third-level Institution? (Please tick)

Yes No

<p>If not, please comment on the suitability of the proposed Extern Examiner e.g., his/her familiarity with examining standards for the degree and also his/her experience relevant to this role:</p>

Internal Examiner Name:	
Address:	
Email Address:	

Supervisor(s) Name:	
Supervisor(s) School & Discipline:	
Supervisor Signature:	

GRC member signature	
Date	
Head of School signature:	
Date	

Please submit completed form to College Office