



## Nomination of Thesis Examiner's Panel

---

**Faculty/Institute** :

**(I) Student Details**

Name :

ID of Candidate :

Date of Registration :

Program :

Field of Study :

**(II) Supervision of Thesis Details**

Title of Thesis :

Expected Date of Submission :

Supervisor :

**(III) Nomination of Thesis Examiner's Panel**

Internal Examiner :

External Examiner\*\* :

*\*\* Please provide CV/Resume, address, telephone and fax number and email of external examiners*

Approved By:

\_\_\_\_\_  
Dean / Director of Faculty /Institute

**Official Stamp and Signature**

\_\_\_\_\_  
Date