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| **POSTGRADUATE RESEARCH VIVA BOARD**  **AQSEE025**  *RESEARCH VIVA CHANGE OF INTERNAL EXAMINER*  **CHANGE OF INTERNAL EXAMINER REQUEST FORM** | | | | | | | | | | | |
| Please complete this form if you wish to request a change to the approved Internal Examiner for a Postgraduate Research Viva Board. This form should be returned to your Faculty Postgraduate Research Administrator.  If you have any questions or would like further information, guidance and support, please see the [University Guide to the Examination of Research Students](https://myuni.swansea.ac.uk/academic-life/academic-regulations/research-guidance/guide-to-the-examination-of-research-students/) and/or contact [pgrnoms@swansea.ac.uk](mailto:pgrnoms@swansea.ac.uk) | | | | | | | | | | | |
| **GENERAL INFORMATION** | | | | | | | | | | | |
| **Student Name:** | | | | | | **Student Number:** | | | | | |
| **Faculty:** | | | | | | **Programme (PhD, MSc, etc.):** | | | | | |
| **Subject area:** | | | | | | **Viva Date (if known):** | | | | | |
| **EXISTING INTERNAL EXAMINER** | | | | | | | | | | | |
| Full Name and Title: | |  | | | | | | | | | |
| Rationale for Change: | |  | | | | | | | | | |
| **PROPOSED NEW INTERNAL EXAMINER** | | | | | | | | | | | |
| Full Name and Title: | |  | | | | | | | | | |
| Current Role: | |  | | | | | | | | | |
| **Experience (External)** | Has the proposed Internal Examiner previously examined a research degree as an *External Examiner? (if exact figure unknown please provide approximate numbers, e.g.*1-3, 3-5, 5-10, 10>) | | | | | | | | | *YES/NO* | |
| PhD: | | MPhil: | | | | Masters by Research: | | | Other: |  | |
| **Experience**  **(Internal):** | Has the proposed Internal Examiner previously examined a research degree as an *Internal Examiner?* *(if exact figure unknown please provide approximate numbers, e.g.*1-3, 3-5, 5-10, 10>) | | | | | | | | | *YES/NO* | |
| PhD: | | | MPhil: | | | | Masters by Research: | | Other: | |
| **Supervision:** | Has the nominee supervised postgraduate students to, or beyond, the level of this thesis? | | | | | | | | | *YES/NO* | |
| **Conflict of Interest** | Has the nominee had any association with the Student being examined or their Supervisory Team during the last three years? *(If*  ***yes*** *please provide details, e.g. research collaborations, personal relationships)* | | | | | | | | | *YES/NO* | |
|  |  | | | | | | | | |  | |
| **APPROVAL** | | | | | | | | | | | |
| Faculty Director of PGR/Head/Deputy Head of Faculty approved: | | | | | Name: | | | | Date: | | |
| Decision Checked and Confirmed | | | | | Name: | | | | Date: | | |