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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 |
| **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* |
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| **APPROVAL** |
| Faculty Director of PGR/Head/Deputy Head of Faculty approved: | Name: | Date: |
| Decision Checked and Confirmed | Name: | Date: |