



THE UNIVERSITY OF THE WEST INDIES
School for Graduate Studies and Research

**RECOMMENDATIONS FOR EXAMINERS
OF THESES AND RESEARCH PAPERS/PROJECT REPORTS**

CONFIDENTIAL: NOT FOR STUDENT VIEWING

*The completed form is to be submitted to the Campus Office of Graduate Studies and Research by the HOD/
Graduate Coordinator three (3) months before the final submission of the thesis/research paper/project report.*

Name of Student: _____
(Last name) (First name) (Middle Name)

Faculty: _____ Department: _____

Title of Degree: _____

Title of Thesis/Research Paper/Project Report as approved by the University: _____

Name/s of Supervisor/Co-Supervisor: _____

INTERNAL EXAMINER(S) †

***Supervisor: (applicable only to Research Papers/Project Reports)**

Name: _____ Present Position: _____

Department: _____ Fax No.: _____

Faculty: _____ Telephone Nos.: _____

Campus: _____ Email: _____

Signature~: _____

***Co-Supervisor: (applicable only to Research Papers/Project Reports)**

Name: _____ Present Position: _____

Department: _____ Fax No.: _____

Faculty: _____ Telephone Nos.: _____

Campus: _____ Email: _____

Signature~: _____

**Please note that effective February 2014, Supervisors of MPhil and Doctoral Theses will not take part in the formal examination of the Student's thesis.*

