*This form is to be completed by the Lead Supervisor or the Supervisor responsible for organising the viva. Please complete all sections of this form in typescript. Incomplete forms will be returned. The completed and signed form should be returned to the Graduate School (Registry) at least four months (and ideally six months) before the planned submission of the thesis.*

Candidate first name Click here to enter text.

Candidate last name Click here to enter text.

Candidate ORCID ID Click here to enter text.

Institute/Faculty Click here to enter text.

Research centre (if applicable) Click here to enter text.

Degree for which entered Choose an item.

Name of Lead Supervisor Click here to enter text.

Lead Supervisor ORCID ID Click here to enter text.

Names of co-supervisors Click here to enter text.

Co-supervisors ORCID IDs Click here to enter text.

Title of thesis Click here to enter text.

Confirm expected date of submission Click here to enter a date.

1. **Independent Chair**

The Independent Chair be a member of SGUL academic staff (but will not be a member of your Supervisory Team). The role of the Independent Chair is to ensure that the viva is conducted fairly and in accordance with the College's Regulations and policies.

Full name including title Click here to enter text.

Position within SGUL Click here to enter text.

Email address Click here to enter text.

Phone number Click here to enter text.

At the end of this form, the Institutional/Faculty Postgraduate Coordinator will sign to confirm that the nominated Independent Chair:

1. is not a member of the candidate's Supervisory Team, or has played any significant part in the project or the assessment of the candidate (e.g. formal progress reviews);
2. has experience of examining research degree viva examinations;
3. has experience of supervising Research Degree students;
4. is familiar with the St George’s University of London examining process, procedures and regulations.
5. **Proposed examiner from another University of London College**

Full name including title Click here to enter text.

**Contact address**

Department Click here to enter text.

Home Institution Click here to enter text.

Street address Click here to enter text.

City Click here to enter text.

Postcode Click here to enter text.

Phone number Click here to enter text.

Email address Click here to enter text.

ORCID ID Click here to enter text.

Reason for recommendation and area of expertise

Click here to enter text.

Are you aware of any professional, academic or personal connections between the candidate and/or supervisors and this examiner (for example joint holding of grants, co-publication/co-authorship of papers)?

Choose an item.

If yes, please give full details, for example a list of all publications.

Click here to enter text.

**Experience of Doctoral level examining**

Please detail this examiner’s experience of Doctoral level examining, including the number of UK theses examined.

Click here to enter text.

If an NHS consultant, does the examiner have an appointment at an HEI? Choose an item.

1. **Proposed examiner external to University of London**

Full name including title Click here to enter text.

**Contact address**

Department Click here to enter text.

Home Institution Click here to enter text.

Street address Click here to enter text.

City Click here to enter text.

Postcode Click here to enter text.

Phone number Click here to enter text.

Email address Click here to enter text.

ORCID ID Click here to enter text.

Reason for recommendation and area of expertise

Click here to enter text.

Are you aware of any professional, academic or personal connections between the candidate and/or supervisors and this examiner (for example joint holding of grants, co-publication/co-authorship of papers)?

Choose an item.

If yes, please give full details, for example a list of all publications.

Click here to enter text.

**Experience of Doctoral level examining**

Please detail this examiner’s experience of Doctoral level examining, including the number of UK theses examined.

Click here to enter text.

If an NHS consultant, does the examiner have an appointment at an HEI? Choose an item.

1. If it is proposed that two external examiners should be appointed, please indicate the reasons as appropriate.

Choose an item.

Reason if other

Click here to enter text.

1. If one of the nominated examiners is from overseas, is the Institute/Faculty willing to pay for travel and other expenses? Choose an item.

Signature of Lead Supervisor (or Supervisor who is responsible for organising the *viva*)



Full name including title Click here to enter text.

Date Click here to enter a date.

**To be completed by the Institutional/Faculty Postgraduate Coordinator**

Please tick to confirm that you support the choice of:

1. Independent Chair [ ]
2. Internal and External Examiners (or the use of two External Examiners, if applicable) [ ]

Institutional/Faculty Postgraduate Coordinator signature



Full name including title Click here to enter text.

Date Click here to enter a date.

**To be completed by the Head or Deputy Head of the Graduate School**

I confirm that the nominated examiners have been approved by 2/3 members of the Virtual Panel at St George’s and may now be invited to examine this student.

Signature



Choose an item.

Click here to enter a date.