***Degree Committee Nomination & Appointment form for MPhil by Advanced Study Examiners and Assessors*\***



Educational and Student Policy

*Sarah.Cook@admin.cam.ac.uk*

[*http://www.admin.cam.ac.uk/offices/education/*](http://www.admin.cam.ac.uk/offices/education/)

**\*\*Please note that from 1 October 2016 the General Board will appoint all Examiners for the MPhil by advanced study, which requires ESP to validate the Degree Committee’s nominations. If there are any concerns regarding a nomination, a member of Educational and Student Policy (ESP) will contact you within 10 days of receiving this form. If you do not hear from ESP within that period, you can continue with the appointment process.\*\***

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| --- | --- | --- |
| **MPhil by Advanced Study Programme**Use section B to nominate ExaminersUse section C to appoint Assessors |  | **Term/Year** |
|  |  |

A Please enter the name of the Senior Examiner in the table below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** | **Name****(surname and first names)** | **CRSID** | **Date of birth** | **Faculty or Department** | **College****(If applicable)** | **Type** | **Status** |
| **Prof/Dr etc.** | **Not initials** | **(if known)** |  |  |  |  | **UTO****CTO****NUTO** |
|  |  |  |  |  |  | Chair |  |
|  |  |  |  |  |  | Senior |  |

B Please enter the name of the nominated Examiners in the table below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** | **Name****(surname and first names)** | **CRSID** | **Date of birth** | **Faculty or Department** | **College****(If applicable)** | **Type**Examiner or Assessor | **Status** |
| **Prof/Dr etc.** | **Not initials** | **(if known)** |  |  |  |  | **UTO****CTO****NUTO****student** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

C Please enter the name of appointed Assessors in the table below:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Title** | **Name****(surname and first names)** | **CRSID** | **Date of birth** | **Faculty or Department** | **College****(If applicable)** | **Type**Examiner or Assessor | **Status** |
| **Prof/Dr etc.** | **Not initials** | **(if known)** |  |  |  |  | **UTO****CTO****NUTO****student** |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

\*For the difference between Assessors and Examiners please refer to [Who can be nominated as an Examiner or Assessor?](http://www.admin.cam.ac.uk/offices/education/examiners/appointment.html#examiner)

|  |  |
| --- | --- |
| **Your name in print:** |  |
| **Email address:** |  |
| **Signature and Date:** |  |

Please return this form to: Educational and Student Policy, University of Cambridge, 17 Mill Lane, Cambridge, CB2 1RX

or by email to: Sarah.Cook@admin.cam.ac.uk

*Office use only*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| *Term* | *Exam* | *Checked* | *Processed* | *Date* |
|  |  |  |  |  |