|  |  |
| --- | --- |
| *Appointment of Examiners* *Application Form***Department of History and Philosophy of Science****Free School Lane, Cambridge CB2 3RH** **email: administrator@hps.cam.ac.uk** |   |
| **Are you registered as a Full or Part-time student?** |
| **Full Time**  | **Part-time**  |

**Part I – to be completed by the student**

In order to appoint examiners we require a short summary of your dissertation to be attached to this form.

Please return your application to: administrator@hps.cam.ac.uk

|  |  |  |  |
| --- | --- | --- | --- |
| **1** | **Surname (Family Name)**  | **Forenames(s)** | **Title** |
|  |  |  |  |
|  |  |  |
| **2** | **Address**  | **Email** |
|  |  |  |
|  |  |
| **3** | **Department/Faculty** | **4** | College |
|  |  |  |  |  |
|  |  |  |  |  |
| **5** | **Degree for which you are registered as a candidate** |
|  |  |  |  |  |
| **6** | **Title of Dissertation** |
|  |  |  |  |  |
| **7** | **Expected date of submission** |
|  |  |  |  |  |
| **8** | **Proposed date of departure from UK (if applicable)** |
|  |  |  |  |  |
| **9** | **Do you prefer for your examination to take place in person or via video conference?** |
| [ ]  In person | [ ]  Video conference | [ ]  No preference |
| **10** | **If you are at present residing abroad and prefer an in-person examination, please state when you will be able to return to the UK for your oral examination** |
|  |  |  |  |  |
| **11** | **I confirm that the information which I have given in this application is complete and true** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Signature: |  | Date: |  |  |
| **Part II – to be completed by the supervisor**Your signature will be taken to indicate that you have approached the proposed examiners informally and that they are willing to act if asked. |
|  **12** | **Please indicate the names and institutions of the proposed examiners**Name Institution |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  **13 Name Signature** |
|  |  |
| **Part III – to be completed by the Degree Committee** |
| **14** | **The Degree Committee have appointed Examiners and the dissertation title** |
|  | With no change/ With changes (please detail) |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  **15 Name and signature of authorised officer of Degree Committee** |
|  |  |
| Name: Signature:  |  Date: |