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

**Part I - to be completed by 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: hps-admin@lists.cam.ac.uk**

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| **1** | **Surname (Family Name)** | | | **Forenames(s)** | | | | | | **Title** | | |
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| **2** | **Address** | | | | | | | | | **email** | | |
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| **3** | **Department/Faculty** | | | | | | | | | **4** | | College |
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| **5** | **Degree for which you are registered as a candidate** | | | | | | | | | | | |
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| **6** | **Title of Dissertation** | | | | | | | | | | | |
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| **7** | **Expected date of submission** | | | | | | | | | | | |
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| **8** | **Proposed date of departure from UK (if applicable)** | | | | | | | | | | | |
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| **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** | | | | | | | | | | | |
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| **11** | **I confirm that the information which I have given in this application is complete and true** | | | | | | | | | | | |
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| Signature: | | |  | | | Date: | | |  | |  | |
| **Part II - to be completed by the Supervisor** | | | | | | | | | | | | |
| **12** | **Please indicate the names and institutions of the proposed examiners**  Name Institution | | | | | | | | | | | |
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| **13 Name Signature** | | | | | | | | | | | | |
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| **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) | |  | | |  | | |  | |  | |
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| **15 Name and signature of authorised officer of Degree Committee** | | | | | | | | | | | | |
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| Name: Signature: | | | | | | | Date: | | | | | |