



**DIRECTORATE OF GRADUATE STUDIES, RESEARCH AND INNOVATIONS**

**BU/DGSRI.F16**

**AMENDMENT OF EXAMINERS FOR MASTER'S CANDIDATE**

**1. STUDENT INFORMATION**

Title, initials and surname			
Student number			
Year first registered for MSc		Subject	
Name of supervisor(s)			

**2. APPROVED EXAMINER INFORMATION**

**Independent internal examiner**

Title, initials and surname	
Email address	
Department	
Date of Faculty Board at which nomination was approved	

**Independent external examiner**

Title, initials and surname	
Email address	
Institution	
Department / Occupation	
Date of Faculty Board at which nomination was approved	

### 3. NEW / AMENDED EXAMINER INFORMATION

#### Guidelines

- A Master's thesis must be examined by two examiners. Both examiners must have a Master's degree.
- The independent internal examiner should be appointed at Busitema University. Extraordinary lecturers/professors and research fellows to Busitema University are considered internal examiners.
- The independent external examiner should be appointed at any other university or research institution in Uganda. In both cases, their professional affiliation must be stated.
- A person who was previously associated with or appointed at Busitema University must have not been in service of this university for a period of at least three years before that person can be appointed as an external examiner.
- In exceptional cases, an independent international examiner may be considered; however, supervisors must provide a thorough academic motivation for such an appointment.
- **IMPORTANT: Only electronic versions of the thesis will be sent to examiners, who are welcome to print their own hard copies.**

#### Independent internal examiner

Title, initials and surname						
Email address						
Secondary email address						
Phone number	Work		Home		Cell	
Department						
Highest qualification obtained						

#### Independent external examiner

Title, initials and surname						
Email address						
Secondary email address						
Phone number	Work		Home		Cell	
Institution						
Department / Occupation						
Highest qualification obtained						

Motivation for the amendment of examiners.	
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Signature of Departmental Chair

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Date

[This completed and signed form must be emailed to [dgsri@adm.busitema.ac.ug](mailto:dgsri@adm.busitema.ac.ug)]