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DIRECTORATE OF GRADUATE STUDIES, RESEARCH AND INNOVATIONS BU/DGSRI.F18

NOMINATION OF EXAMINERS FOR MASTER'S CANDIDATE

1. STUDENT INFORMATION								
Title, initials and surna								
Student number								
Year first registered for Masters			Subject					
Title of thesis								
2. SUPERVISOR(S) INFORMATION Supervisors, co-supervisors and examiners must have a Master's degree Supervisor								
Title, initials and surna	ame							
Email address								
Phone number	Work		Home		Cell			
Department				_				
Occupation and institution [if external]								
Highest qualification obtained								
Co-supervisor								
Title, initials and surna	ame							
Email address								
Phone number	Work		Home		Cell			
Department								
Occupation and institution [if external]								
Highest qualification obtained								

3. EXAMINATION PANEL

Guidelines

- A Master's thesis must be examined by two examiners.
- 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.

Home

Cell

Independent internal examiner

Work

Title, initials and surname

Secondary email address

Email address

Phone number

I none number	WOIK		Home	CCII	
Department					
Highest qualification obtained					
Independent external	l examin	er			
Title, initials and surname					
Email address					
Secondary email address					
Phone number	Work		Home	Cell	
Institution					
Department / Occupation					
Highest qualification obtained					
Motivation for the nomination of an international examiner applicable]	·[if				

Signature of Departmental Chair	Date
[This completed and signed form must be emailed	d to dgsri@adm.busitema.ac.ug]