



DIRECTORATE OF GRADUATE STUDIES, RESEARCH AND INNOVATIONS

BU/DGSRI.F20

AMENDMENT OF EXAMINERS FOR DOCTORAL CANDIDATE

1. STUDENT INFORMATION

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

2. INDEPENDENT NON-EXAMINING CHAIR

| | |
|-----------------------------|--|
| Title, initials and surname | |
| Department | |

3. APPROVED EXAMINER INFORMATION

| | |
|---|--|
| Date of Faculty Board at which nomination of non-examining chair and examiners was approved | |
|---|--|

Independent internal examiner

| | |
|-----------------------------|--|
| Title, initials and surname | |
| Email address | |
| Department | |

Independent external examiner 1

| | |
|-----------------------------|--|
| Title, initials and surname | |
| Email address | |
| Institution | |
| Department / Occupation | |

Independent external examiner 2

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|-----------------------------|--|
| Title, initials and surname | |
| Email address | |
| Institution | |
| Department / Occupation | |

4. NEW / AMENDED EXAMINER INFORMATION

Guidelines

- A Doctoral dissertation must be examined by three examiners: one internal and two external. All examiners must have a doctoral degree.
- The independent internal examiner should be appointed at Busitema University. Extraordinary lecturers/professors and research fellows to Busitema University are considered internal examiners.
- One 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.
- **IMPORTANT: Only electronic versions of the dissertation will be sent to examiners, who are welcome to print their own hard copies.**
- **Telephone numbers of examiners must be provided for oral examination purposes.**

Independent internal examiner

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

Independent external examiner 1

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

Independent external examiner 2

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

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| Motivation for the amendment of examiners. | |
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Signature of Departmental Chair

Date

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