

The Chinese University of Hong Kong
Graduate School

**Nomination of Second External Examiner and/or Alternate External Examiner
for Doctoral Thesis/Portfolio**

Student I.D.	Student Name	
Study Programme		Degree Pursued
SECOND EXTERNAL EXAMINER		
Title	Surname	Other names
Prof./Dr./Mr./Ms.	姓氏	名
Academic Affiliation⁽¹⁾		
Rank/Position in University/Institution # :		
Department :		
Institution/University :		
State/Province (if applicable) :		Country :
Correspondence Address		
Fax No. :	Tel No. :	
E-mail Address :		
# (i) Nominee is at least Senior Lecturer or Associate Professor Yes <input type="checkbox"/> No <input type="checkbox"/> → Please provide justification for consideration of the Graduate Council Executive (ii) Nominee was CUHK staff in last 3 years Yes <input type="checkbox"/> No <input type="checkbox"/> (iii) Nominee expected to join CUHK before assessment is completed Yes <input type="checkbox"/> No <input type="checkbox"/> (iv) Will attend oral examination Yes <input type="checkbox"/> No <input type="checkbox"/>		
ALTERNATE EXTERNAL EXAMINER (The alternate external examiner will be appointed when the first nominee declines)		
Title	Surname	Other names
Prof./Dr./Mr./Ms.	姓氏	名
Academic Affiliation⁽¹⁾		
Rank/Position in University/Institution # :		
Department :		
Institution/University		
State/Province (if applicable) :		Country :
Correspondence Address		
Fax No. :	Tel No. :	
E-mail Address :		
# (i) Nominee is at least Senior Lecturer or Associate Professor Yes <input type="checkbox"/> No <input type="checkbox"/> → Please provide justification for consideration of the Graduate Council Executive (ii) Nominee was CUHK staff in last 3 years Yes <input type="checkbox"/> No <input type="checkbox"/> (iii) Nominee expected to join CUHK before assessment is completed Yes <input type="checkbox"/> No <input type="checkbox"/> (iv) Will attend oral examination Yes <input type="checkbox"/> No <input type="checkbox"/>		

Notes

(1) The title, name and academic affiliation of the External Examiner will be presented to the Graduate Council Executive Committee (if the nominee is of inappropriate rank), the Senate and the University Council for consideration.

I certify that the above nomination/s had been endorsed by the Board of my Department.

Signature of Head of Graduate Division _____ Date _____