Veterinary Postgraduate Education Unit

Faculty of Veterinary Medicine & Animal Science

University of Peradeniya

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| --- | --- |
| For office use only | Signature |
| 1. Examiners appointment only |  |
| 02. Examiners appointment & thesis submission |  |

1. Degree:

2. Details of the Candidate:

|  |  |
| --- | --- |
| Name | (as it will appear in the thesis/ degree certificate) |
| Registration number |  |
| Contact address |  |
| Phone number |  |
| Email address |  |

2. Supervisors:

(List all your supervisors according to original registration details. Any changes must be approved by the HDC)

|  |  |
| --- | --- |
| **Name** | **Affiliation including current email address and phone number** |
| Principal supervisor |  |
| Co-supervisor |  |
| Co-supervisor  (Delete/ Insert rows as needed ) |  |

3. Date of Registration:

4. Mode of study:

(You may have completed your research entirely full time/ entirely part time or part of it full time and the rest part time. Indicate your mode of study in chronological order)

|  |  |  |
| --- | --- | --- |
|  | Duration | Total Months |
| Fulltime | From (DD/MM/YY) to (DD/MM/YY) |  |
| Part time  (Delete/ Insert rows as needed) | From (DD/MM/YY) to (DD/MM/YY) |  |

5. Tentative Abstract of the thesis:

Tentative Title: *You may not modify the title until you defend your thesis*

Authors & Affiliations: *List all authors and their affiliations*

Abstract body: *Please list all methods used. This will enable us to nominate experts in the filed as examiners to your thesis. This will allow you to obtain very helpful feedback for your thesis.*

Acknowledgements: *Declaring your sources of support and collaborators will help us to avoid them being nominated as examiners. If a grantee/ collaborator of your research project is accidentally appointed as an examiner, we would be compelled to nominate a replacement. This may delay your graduation by several months*

6. Output of the research project

(List all full papers, abstracts, patents etc.)

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7. Suggested examiners (Optional):

(The Higher Degrees Committee may nominate examiners other than the names suggested by the supervisors. At least one examiner shall be outside FVMAS. It is highly recommended to have an examiner outside UoP).

|  |  |
| --- | --- |
| **Name** | **Affiliation including telephone number and email address** |
|  |  |
|  |  |
|  |  |

8. Names (maximum 03) to be omitted as examiners due to conflicts of interests (Optional):

|  |  |
| --- | --- |
| **Name** | **Affiliation (optional)** |
|  |  |
|  |  |
|  |  |

9. Declaration by the candidate and supervisors:

We declare that we do not have any conflicts of interests with the suggested examiners.

|  |  |  |
| --- | --- | --- |
| **Name** | **Name** | **Signature** |
| Candidate |  |  |
| Principal supervisor |  |  |
| Co-supervisor |  |  |
| Co-supervisor  (Delete/ Insert rows as needed) |  |  |

For office use only

|  |  |
| --- | --- |
| Candidate Name |  |
| Thesis title |  |
| Duration of study verified |  |
| Supervisor’s list |  |
| Publications |  |
| Fees |  |

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Coordinator/ VPEU