

Nomination Form Examination Supervisor



Student Details (print in capitals please)

Student Number:

Title:..... Surname:..... Given Names:.....

Contact Phone Number:..... Mobile:..... Facsimile:

Please ensure your postal address, email address and telephone numbers are correctly updated on MyInfo

Exam/s to be supervised

Unit Code	Unit Title	Exam Time	Exam Date (as per Timetable)
.....
.....
.....
.....
.....

Student's signature:..... Date:

Supervisor Details (print in capitals please)

Title:..... Surname:..... Given Names:.....

Occupation (indicate if retired, and previous occupation or position):

Contact Phone Number:..... Mobile:..... Facsimile:

Email Address:.....

Institution or Company (if applicable).....

Street Address: *MUST be a street address not a Post Office Box. (Materials are delivered by courier and must be signed for)*.....

.....

.....

..... Postal Code:.....

I agree to supervise this candidate's examination/s at the date/s and time/s for each examination as specified by Murdoch University in accordance with the "Conditions of External Examination Supervision" which I will receive with the other examination materials.

Payment is to be made to: Individual Supervisor Company or Institution Not Required

Supervisor's Signature:..... Date:.....

Return completed form to: Examination Office, Murdoch University, 90 South Street, Murdoch WA 6150

OR by facsimile on (61 8) 9360 7807 OR by email to exams@murdoch.edu.au

**Form to be submitted as soon as possible by the deadline of the end of Week 13.
Failure to do so could result in late despatch of paper/s to your supervisor in time for your examination/s.**