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

<table>
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<tr>
<th>Unit Code</th>
<th>Unit Title</th>
<th>Exam Time</th>
<th>Exam Date (as per Timetable)</th>
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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 7571 OR by email to exams@murdoch.edu.au

Form to be submitted as soon as possible by the deadline of the end of Week 12.
Failure to do so could result in late despatch of paper/s to your supervisor in time for your examination/s.