|  |  |
| --- | --- |
| IIC logo_01 | Graduate Students Service |
| **NOMINATION OF Reviewer(s)** |

PART A TO BE COMPLETED BY SUPERVISOR

1. Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Matric No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 3. Year of Study. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Programme: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Field of study: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Faculty/Institute: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Proposed Nomination of Reviewer

|  |  |
| --- | --- |
| 1st Reviewer | Signature and Official Stamp |
| Name:  Specialization  Correspondent Address:  Phone No.  Fax Number:  E-mail:  Skype/ooVoo ID:  Justification: |  |

|  |  |
| --- | --- |
| 2ND Reviewer | Signature and Official Stamp |
| Name:  Specialization  Correspondent Address:  Phone No.  Fax Number:  E-mail:  Skype/ooVoo ID:  Justification: |  |

Please tick and sign.

I have consulted the nominated reviewer and they agree to the nomination.

I have submitted the full CV and brief profile of the nominated reviewer.

……………………………………………………… ……………………………………………………

Signature of Supervisor Date

PART B ENDORSEMENT BY HEAD OF PROGRAMME

Endorsement Head of Programme:

Endorsed Not Endorsed

……………………………………………………… ……………………………………………………

Signature and Official Stamp Date

PART C FOR OFFICE USE

Approval of Management Committee:

Approved Not Approved

Academic Board Meeting No :

Date :