**Appointment of PhD Registration Assessment Examiners Form**

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| **Candidates Details** |
| Candidate’s name & USN:  |  |
| Degree: |  |
| Principal Supervisor:  |  |
| Department:  |  |
| **Internal Examiner’s Details** |
| Title and name: |  |
| Position: |  |
| Department: |  |
| Telephone number: |  |
| Email: |  |
| Experience of supervising PhD students:1. Supervised Cambridge PhD Students – Yes/No2. Other- experience/comment? |  |
| **External Examiner’s Details** |
| Title and name: |  |
| Position: |  |
| Department: |  |
| Telephone number: |  |
| Email: |  |
| Experience of supervising PhD students:1. Supervised Cambridge PhD Students – Yes/No2. Other- experience/comment? |  |

**Please email the completed form to:**

The Department of Oncology Postgraduate Administration Team: postgradadmin@oncology.cam.ac.uk