**NON-DISCLOSURE AGREEMENT (NDA) - APPOINTMENT OF EXAMINERS FOR DOCTORAL THESIS *Version November 2023 (EO)***

**This Appointment Form should only be completed if the thesis is subject to an NDA. Both the form and a copy of the completed NDA must be submitted to the Academic Council Office (****academic.council@mu.ie****) for approval at least ten days in advance of the relevant Faculty meeting.**

**STUDENT DETAILS**

|  |  |
| --- | --- |
| Name: |  |
| Student Number: |  |
| Department: |  |
| E-mail: |  |

**INTERNAL EXAMINER SECOND INTERNAL EXAMINER**

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| --- | --- | --- | --- |
| Name: |  | Name: |  |
| Tel: |  | Tel: |  |
| Department: |  | Department: |  |
| E-mail: |  | E-mail: |  |

**EXTERNAL EXAMINER A short Biography of the Extern Examiner(s) must be attached to this form**

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| Name: |  | Address: |
| Tel: |  |
| E-mail: |  |
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**SECOND EXTERNAL EXAMINER (if required**\*) \***In the case of a Thesis being presented by a full-time member of Academic Staff of the University, the Internal Examiner must be replaced by a second External Examiner. In other cases, a second External Examiner may be appointed if there is no suitable Internal Examiner available.**

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| Name: |  | Address: |
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**SUPERVISOR OF THESIS CO-SUPERVISOR OF THESIS**

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| --- | --- | --- | --- |
| Name: |  | Name: |  |
| Tel: |  | Tel: |  |
| Department: |  | Department: |  |
| E-mail: |  | E-mail: |  |

**HEAD OF DEPARTMENT DEPARTMENTAL ADMINISTRATOR**

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| --- | --- | --- | --- |
| Name: |  | Name: |  |
| Tel: |  | Tel: |  |
| Department: |  | Department: |  |
| E-mail: |  | E-mail: |  |
| Date: |  |  |  |
| Signature: |  |  |  |

**INDEPENDENT CHAIR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature: Registrar/Dean of Graduate Studies: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**