



**THE UNIVERSITY OF THE WEST INDIES**  
School for Graduate Studies and Research

**RECOMMENDATIONS FOR THE TITLES AND EXAMINERS  
OF THESES AND RESEARCH PAPERS/PROJECTS**

**CONFIDENTIAL: NOT FOR STUDENT VIEWING**

*The completed form is to be submitted to the Campus Office of Graduate Studies and Research by the HOD/Graduate Coordinator three (3) months before the final submission of the thesis/research paper/project.*

Name of Student: \_\_\_\_\_  
(Last name) (First name) (Middle Name)

Faculty: \_\_\_\_\_ Department: \_\_\_\_\_

Title of Degree: \_\_\_\_\_

Title of Thesis/Research Paper/Project as approved by the University: \_\_\_\_\_

Name/s of Supervisor/Co-Supervisor: \_\_\_\_\_

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**INTERNAL EXAMINERS** †

**Chief Supervisor:**

Name: \_\_\_\_\_ Present Position: \_\_\_\_\_

Department: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Faculty: \_\_\_\_\_ Telephone Nos.: \_\_\_\_\_

Campus: \_\_\_\_\_ Email: \_\_\_\_\_

Signature~: \_\_\_\_\_

**Co- Supervisor:**

Name: \_\_\_\_\_ Present Position: \_\_\_\_\_

Department: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Faculty: \_\_\_\_\_ Telephone Nos.: \_\_\_\_\_

Campus: \_\_\_\_\_ Email: \_\_\_\_\_

Signature~: \_\_\_\_\_

