

Appointment of Examiners

Application Form



UNIVERSITY OF
CAMBRIDGE

Degree Committee for Faculty of
Biology

Are you registered as a Full or Part-time student?	
Full Time	Part-time
(X)	(X)
X	

To be completed by the Student.

Applications should be made in advance of your intended submission date.

Please attach one copy of your summary to this form.

The summary should be approximately one side of A4 and should include your name and the title of your dissertation.

Please return your application to: Mrs Debbie Watson, The Degree Committee for the Faculty of Biology, 17 Mill Lane, Cambridge CB2 1RX or email to degbiol@mole.bio.cam.ac.uk

On receipt of the completed form and summary, the Degree Committee will contact your department to request nominations of prospective examiners.

1	Surname (Family Name)	Forenames(s)	Title
	Ewels	Philip Andrew	Mr
2	Address		email
	Trinity Hall, Cambridge, CB2 1TJ		pae30@cam.ac.uk
3	Department/Faculty		4 College
	Biology at the Babraham Institute		Trinity Hall
5	Degree for which you are registered as a candidate		
	PhD Molecular Biology		
6	Title of Dissertation		
	Spatial organisation of proto-oncogenes in human hematopoietic progenitor cells		
7	Expected date of submission		
	28 th September 2012		
8	Proposed date of departure from UK (if applicable)		
	N/A		
9	If you are at present residing abroad please state when you will be able to return to the UK for your oral examination		
	N/A		
10	I confirm that the information which I have given in this application is complete and true		
<div>Signature: Philip Ewels</div> <div>Date: 11/09/2012</div>			

See overleaf for information about voluntary disclosure of any additional requirements you may have for the viva

Voluntary disclosure of additional requirements of relevance to viva examinations for: MPhil (examined by thesis and oral only), MSc and PhD degrees

The Degree Committee wishes to ensure that all candidates are examined appropriately.

You will have been invited when you applied for admission to disclose any disability or chronic illness. Whether or not you did disclose at the time, you may wish to do so now, or to update this information, so that we are aware of any additional requirements required for your viva. The examiners will be supplied with the information from this form, rather than any previous disclosure of disability.

For example, if you need a BSL interpreter or wheelchair access you might find it helpful if the examiners know this.

If you are dyslexic or have other specific learning difficulties, you might wish the examiners to be aware of this when they conduct the viva. However, please bear in mind that the Degree Committee expects you to have taken all reasonable means available to make sure that your written work has been checked for spelling and other typographic problems *before* it is submitted for examination.

If you and your supervisor are unsure about what assistance might be available for helping with production of a well-presented dissertation, please consult the Disability Resource Centre's website <http://www.admin.cam.ac.uk/univ/disability/students/dyslexia.html>, or ask your College Tutor.

Please note that the examiners do not take into account any disability when judging the merit of the dissertation itself – this stands on its own merits as a piece of written work.

Disclosure at this stage is entirely voluntary and for the purpose of the viva examination only.

If you wish the examiners to be aware of any disability or chronic illness when arranging or conducting the viva examination, please complete the following form:

(place a tick in the box to the left of the relevant statement)

<input type="checkbox"/>	I have a Specific Learning Difficulty eg Dyslexia/Dyspraxia/AD(H)D	<input type="checkbox"/>	I am blind or have a serious visual impairment uncorrected by glasses
<input type="checkbox"/>	I have a social/communication condition, such as Asperger's syndrome or other autistic spectrum condition	<input type="checkbox"/>	I am colour-blind
<input type="checkbox"/>	I have a mental health condition such as depression/schizophrenia/anxiety	<input type="checkbox"/>	I am deaf or have a serious hearing impairment
<input type="checkbox"/>	I have a long-standing illness or health condition eg chronic heart disease, epilepsy	<input type="checkbox"/>	I have a physical impairment (eg using a wheelchair)

ARRANGEMENTS FOR ADDITIONAL REQUIREMENTS

If you have disclosed a disability or chronic illness that requires additional arrangements, such as rest breaks, access or specific equipment to be made for the viva examination, please tell us what these are:

Name (please print)	Signature	Date
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