**CONFIRMATION OF D.PHIL. STATUS**

**ASSESSORS NOMINATION FORM**

**(Classical Archaeology)**

This form together with the GSO.14, should be sent to Barbara Morris, School of Archaeology,

1-2 South Parks Road, Oxford, OX1 3TG

**SECTION 1 –** to be completed by the Student. Please use **BLOCK CAPITALS**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Surname: |  | | Title (Mr/Mrs/Miss/Ms/etc.): |  |
| First Name (in full): |  | | Student Number: |  |
| College/Hall: |  | | | |
| Current Status (i.e: PRS, M.Litt): | |  | | |
| Status to be transferred to (i.e. D.Phil): | |  | | |

**SECTION 2 –** to be completed by the Student.

*In addition to assessing your written work, assessors are appointed to meet with you to discuss your work Please indicate if you would like to request any special arrangements for your interview (e.g. as a result of at Student Support Plan or other circumstances) and provide details in the form GSO.19 (Application for Adjustments to Assessment Arrangements) available on the University website here:* <https://www.ox.ac.uk/students/academic/guidance/graduate/progression?wssl=1>

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| --- |
| [I do / I do not] require adjustments to my assessment arrangements [please delete as appropriate] |

**SECTION 3** – to be completed by the current Supervisor. Please use **BLOCK CAPITALS**.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| I suggest the following THREE assessors in order of preference: **TWO WILL BE SELECTED** | | | | | | |
| **Assessor One:** | | | | | | |
| Full Name (including Title and Forename): | | |  | | | |
| Address: |  | | | | | |
|  | | | | | | |
| Telephone Number: | |  | | Email Address: | |  |
| **Assessor Two:** | | | | | | |
| Full Name (including Title and Forename): | | | | |  | |
| Address: |  | | | | | |
|  | | | | | | |
| Telephone Number: | |  | | Email Address: | |  |
| **Assessor Three:** | | | | | | |
| Full Name (including Title and Forename): | | | | |  | |
| Address: |  | | | | | |
|  | | | | | | |
| Telephone Number: | |  | | Email Address: | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| To be signed by the current Supervisor: | | | |
| Signature: |  | Date: |  |
| Full Name: |  | | |

Revised: October 2019