**ARCHAEOLOGY**

**TRANSFER OF STATUS**

**ASSESSORS NOMINATION FORM**

This form together with the GSO.2, 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 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: |  | | |

ARCH.1. Revised: September 2017