

ANZELA

Australia and New Zealand Education Law Association (Ltd)

ABN 78 096 427 888

NOMINATION FORM FOR DR ANN SHORTEN DOCTORAL AWARD

Name of nominee _____

Contact details for nominee

Mail address: _____

State: _____ Postcode: _____

Email address: _____

Telephone: Work: (0) _____ Home: (0) _____

Mobile: _____

Title of dissertation

Degree awarded (Please indicate) Doctor of:

Philosophy

Professional Doctorate Please indicate **equivalent full-time semesters** of study
devoted to the thesis: _____

Name of awarding institution

Name of supervisor(s)

Names and institutions for examiners (if known)

Examiner 1 _____

Institution _____

Examiner 2 _____

Institution _____

Examiner 3 _____

(if used)

Institution _____

Checklist for nomination

Attached: Thesis Abstract Examiners' reports