### FORM OF NOMINATION FOR THE

### MACFARLANE PRIZE

|  |  |
| --- | --- |
| **Name of Student:** | School: |
| **Supervisor (1):** | **Supervisor (2):** |
| External Examiner: | Internal Examiner: |
| Expected Date of Graduation: | **Date of Recommendation of Award by Examiners:** |

**Statement by Director of Research:**

Signed:

Date:

***Please attach comments from Supervisor.***