

Please nominate **up to two** potential thesis examiners. The graduate program is responsible for verifying that each Nominee satisfies the requirements.

Student Name:  Student Number:

Degree (ex. MSc):  Program:  Expected Date of Thesis Submission:

**Note: Thesis copy should be submitted for distribution to the examining committee no less than 4 weeks before tentative exam date. Thesis will be the final version to be examined by the committee until the defence.**

Oral Examination Date:   Confirmed  Tentative

Supervisor:  Co-supervisor:   
(if applicable)

Proposed thesis title:

Eligibility criteria is available in Section 7 of the [Thesis Oral Examination for Master's and Doctoral Candidates Policy](#).

**Nomination of thesis examiner #1**

Nominee:

Current Position:

Faculty/institution:

Email:

**Added:**

- Justification for nomination (page 2)  
 TE has been contacted and is in agreement

**Nomination of thesis examiner #2**

Nominee:

Current Position:

Faculty/institution:

Email:

**Added:**

- Justification for nomination (page 2)  
 TE has been contacted and is in agreement

\*\*Do the examiner's need to be notified that a Confidential Disclosure Agreement will be required?  No  Yes

**Justification for Nomination:**

- Please comment on the relevant qualifications of the nominee by noting field(s) of expertise and achievements, or by listing specific publications that relate to the candidate's research.
- Add information regarding their experience with graduate student supervision (if known).

**For SGPS:**

CV obtained if TE is a non-Ontario Tech nominee

**1. Eligibility:**

Does the nominee meet all of the eligibility criteria?  
 Yes  No

**2. Impartiality:**

Does the nominee satisfy all of the Arm's Length requirements?  
 Yes  No

**For SGPS:**

CV obtained if TE is a non-Ontario Tech nominee

**3. Eligibility:**

Does the nominee meet all of the eligibility criteria?  
 Yes  No

**4. Impartiality:**

Does the nominee satisfy all of the Arm's Length requirements?  
 Yes  No

## 2.1M Master's TE:Thesis Examiner Nomination Form

School of Graduate and Postdoctoral Studies  
Ontario Tech University  
2000 Simcoe Street North, Oshawa, ON L1G 0C5

905.721.8668 ext. 6209  
905.721.3062 (fax)  
[ontariotechu.ca/gradstudies](http://ontariotechu.ca/gradstudies)  
[gradthesis@ontariotechu.ca](mailto:gradthesis@ontariotechu.ca)

Justification for Nomination: Examiner #1

Justification for Nomination: Examiner #2

I have read the instructions and to the best of my knowledge certify that the nominee(s) are academically qualified and at arm's length from the thesis, the student, and the Supervisor(s).

Name of supervisor

Signature

Date (dd/mmm/yyyy)

Name of co-supervisor (if applicable)

Signature

Date (dd/mmm/yyyy)

Name of Graduate Program Director/designate

Signature

Date (dd/mmm/yyyy)

### SGPS APPROVAL:

I certify that the nominee(s) are academically qualified and at arm's length from the thesis, the student, and the Supervisor(s).

Dean of SGPS/designate

Signature

Date (dd/mmm/yyyy)