

Please nominate **up to two** potential external examiners (EE). The graduate program is responsible for verifying that each nominee satisfies the requirements.

Student name: Student number:

Doctoral program: Expected date of thesis submission:

Note: Thesis copy to be submitted to SGPS no less than eight weeks before tentative exam date and 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 external examiner #1

Nominee:

Current position:

Institution:

Email:

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

Nomination of external examiner #2

Nominee:

Current position:

Institution:

Email:

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

****Do the examiners 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

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

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

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). I confirm that all official thesis communication will come from the School of Graduate and Postdoctoral Studies.

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)