

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

Student Name: Student Number:

Program: PhD in 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:

Proposed Thesis title:

Eligibility criteria is available in the [Graduate Academic Calendar](#) under the Thesis, project or major paper section.

Nomination of University Examiner #1

Nominee:

Rank:

Faculty:

Email:

Nomination of University Examiner #2

Nominee:

Rank:

Faculty:

Email:

Added:

- Justification for Nomination (page 2)
 UE has been contacted and is in agreement

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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 UE #1 is external to university

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 UE #2 is external to university

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

Form 2.1P UE: PhD University Examiner Nomination

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

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

Signature

Date (dd/mmm/yyyy)

Name of Graduate Program Director

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)

(If the supervisor is the graduate program director, the Faculty Dean, Assistant Dean or Chair of the department must sign.)