

External Examiner Nomination Form

Please complete this form and return it to the Office of Research and Graduate Studies at least three months prior to the expected month of the thesis defence.

- It is expected that the Supervisor or Program Coordinator will have contacted the nominee to confirm his/her availability prior to submitting the nomination form.
- Students are not permitted to contact possible External Examiners.

Coordinator.

Student Identification	
Name:	
Program:	
Thesis title:	
Expected Month/Year of Thesis Defence:	
External Examiner Nomination	
Nominee's Name & Title:	
Phone Number:	_ E-Mail Address:
Mailing Address:	
 meets the criteria for External Examiners, includ Is a faculty member (or adjunct faculty member holds a terminal qualification or equivalent 	ember) and/or is an expert in their field, nt in the discipline, I disseminated research, scholarly activity and/or
Approvals	
Supervisor's Signature	Date
Program Coordinator's Signature	Date
AVP Research & Graduate Studies Signature	Date
Distribution: Original with Office of Research and Grad	luate Studies; copies to Supervisor and Program