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Faculty of Graduate Studies

PHD DEFENCE EXTERNAL EXAMINER APPROVAL FORM

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Name of Student: _____

Graduate Program: _____ Supervisor: _____

Thesis Subject Area: _____

Title of Thesis: _____

Approximate Date of Defence: _____

Provide a rank ordered list of three potential External Examiners: *(provide name, University, contact information (mailing and email address, telephone number, fax number) and any other relevant information)*

The external examiner or reader must be a recognized authority in the student's discipline area and be experienced in evaluating doctoral theses. The proposed external must be in a position to review the thesis objectively and to provide a critical analysis of the thesis and the oral defence.

It is essential that the external examiner not have a current or previous association with the student, the supervisor, or the graduate program, as this would hinder objective analysis. For example, a proposed examiner who has recently been associated with the student as a research collaborator or co-author would not be eligible. Also, a proposed external must not have had recent association with the doctoral candidate's supervisor (as a former student, supervisor, or close collaborator, for instance). A proposed external normally should not be nominated more frequently than once every two years.

External Examiner 1:

External Examiner 2:

External Examiner 3:

Date Requested: _____

Name of Graduate Program Director: *(please print)* _____

Signature of Graduate Program Director: _____

Dean of Graduate Studies Decision:

Signature of Dean of Graduate Studies: _____ Date: _____