



Niagara Region
500 Glenridge Ave.
St. Catharines, ON
L2S 3A1 Canada
T 905.688.5550
F 905.688.0748

Faculty of Graduate Studies
PHD DEFENCE EXTERNAL EXAMINER APPROVAL FORM

brocku.ca

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the administration of the University and its programs and services.

Questions about this collection should be addressed to the Director, Graduate Studies, Brock University, St. Catharines, Ontario, L2S 3A1, 905-688-5550.

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: _____