

Faculty of Mathematics and Science Office of the Associate Dean, Graduate Studies and Research

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Master of Science Appointment of the External Examiner

This form must be submitted to the Office of the Associate Dean (MC D473) at least **six weeks** prior to the expected date of the defence. For additional information, see: http://www.brocku.ca/university-secretariat/facultyhandbook/section3#_genIndex93, 14.8.4 E.

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Questions about this collection should be addressed to the Faculty of Graduate Studies.

Student Information

First Name	Surname
Student Number	Department
Telephone	Email
Desired Examination Week	Date Thesis Submitted

Title of Thesis

External Examiners

Provide a list of three potential external examiners. Please include their name, University, address, contact information (email, telephone, fax), and areas of expertise.

The external examiner must be a recognized authority in the student's discipline area and be experienced in evaluating theses. The proposed external examiner 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 recent association with the candidate's supervisor (as a former student, supervisor, or close collaborator, for instance). A proposed external examiner normally should not be nominated more frequently than once every two years. Prior to the final oral examination, the research supervisor, Graduate Program Director nor the candidate should contact the external examiner. Any contact must be directed to the Office of the Associate Dean, Graduate Studies and Research.

External Examiner 1

Name, University, Address	Contact Information	Areas of Expertise
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External Examiner 2 Name, University, Address **Contact Information** Areas of Expertise **External Examiner 3** Name, University, Address **Contact Information** Areas of Expertise **Delivery Format** Please note: The Dean of Mathematics and Science's budget has no budget line for Master of Science thesis defences. Should a supervisor desire to invite an external examiner to the campus, the cost of having the examiner here will be borne by the student's supervisor or department. Please select one of the following thesis defence delivery formats: Hybrid Video Conferencing **Brock University** Attend remotely:1._____ Attend remotely:2. All participants attend virtually All participants attend in person All other participants attend in person Account Number (if external examiner comes to Brock University for the defence): Name of person who will accompany the examiner to the examination room: Name of person who will invite the examiner for a meal, and will accompany the examiner: ______ **Additional Information** ΥΠ Has the thesis (PDF) has been sent to egenkin@brocku.ca Has the thesis (PDF) has been sent to Graduate Program Director **Declaration of Originality submitted**

A tip to keep a fillable PDF file fillable when passing around:

Graduate Program Director

Date of Request

Make sure the first one filling in the form uses the downloaded fallible form and, after filling in, use "save" instead of exporting or printing as PDF; when receiving a PDF form another person via email, do not use the automatic mail downloading (hard to locate the file later), instead, download the file to your downloads folder, open it, fill the form, and "save", and then attach and send it to the next person.

Signature of Graduate Program Director