

Proposed Thesis Examiner

Examiner: _____ Rank: _____

Institution Name and Address: _____

Phone: _____ Fax: _____ email: _____

Last Degree: _____ University: _____ Discipline: _____

On a separate page, please submit the following information

Area of Specialization: Relevant to this specific Thesis/Dissertation

Experience Relevant to Evaluating Graduate Work: Briefly describe the nominee's appropriateness for this work

Recent Scholarly Activity: Cite 3 to 5 recent publications in the discipline's decided method

Previous Affiliation with the Academic Unit/Program:

☐ Proposed external examiner has been contacted informally and has agreed to serve.

☐ A current CV has been requested by the academic unit and is attached.

Please complete the following

Name of Student: _____ Graduate Program: _____

Supervisor: _____ Academic Unit: _____

Phone: _____ email: _____

Proposed Title of Thesis: _____

Signatures

Supervisor: _____ Date: _____

Graduate Coordinator: _____ Date: _____