



Master's Thesis - External Examiner Guidelines

Confirmation of Arm's-Length Status

| | |
|---|-----------------------|
| Student's Name: | Student Number: |
| Degree/Program: <input type="checkbox"/> MPH <input type="checkbox"/> MHS | |
| Supervisor Name: | Supervisor e-mail: |
| Examination Committee | |
| Co-supervisor (if applicable): | Co-Supervisor e-mail: |
| Committee Member: | Contact information: |
| Committee Member: | Contact information: |
| Proposed Examiner: | Contact information: |

Please answer Yes or No to the following questions:

1. Has the external examiner had a current or recent family or close personal relationship with the student, supervisor or a committee member?
Yes ☐ **No** ☐
2. Has the external examiner recently been, or expect to become employed by Lakehead University?
Yes ☐ **No** ☐
3. Has the external examiner ever been in a supervisory relationship with the student, supervisor or a committee member?
Yes ☐ **No** ☐
4. Has the student, supervisor or a committee member been in, or expect to enter into a business, employment or research relationship with the external examiner?
Yes ☐ **No** ☐
5. Is there a current or recent (within the past 5 years) active close collaborative research relationship between the external examiner and the student, supervisor or a committee member?
Yes ☐ **No** ☐



Lakehead
UNIVERSITY

Department of
Health
Sciences

Appendix 2

If you have answered **Yes** to any of the above, please provide a comment/explanation below:

| | | |
|---|------------|-------|
| By signing this form, I verify that the person I have nominated to serve as this student's external examiner is eligible to serve in this role, based on the criteria above | | |
| Supervisor: | Signature: | Date: |
| Graduate Coordinator Approval: | Signature: | Date: |