



### PROPOSED EXAMINER

Please submit this form with the attached information to the Faculty of Graduate Studies for approval by the Dean of Graduate Studies. The academic unit may approach the proposed examiner to assess his or her willingness to serve in this capacity.

Proposed Examiner: \_\_\_\_\_ Rank: \_\_\_\_\_

Institution Name and Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ email: \_\_\_\_\_

University: \_\_\_\_\_ Last degree: \_\_\_\_\_ Discipline: \_\_\_\_\_

**On a separate page, please submit the following information:**

**1. Area of Specialization:** Relevant to this specific Thesis/Dissertation

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

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

**4. Previous Affiliation with the University:** E.g. Visiting Professor, Internal Consultant, or Former Employee. External examiners should be at 'at arm's length', which means not a close friend, regular or current collaborator, not having been supervised recently by, not having been a visitor/ teacher for some time and not a former colleague.

### Please select one of the following:

☐ Proposed Examiner has been contacted informally and has agreed to serve. Please

☐ make the initial contact asking proposed external examine to serve.

### Please complete the following

Student Name/ID: \_\_\_\_\_

Graduate Program: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Academic Unit: \_\_\_\_\_

Phone: \_\_\_\_\_ email: \_\_\_\_\_

Proposed Title of

Thesis/Dissertation: \_\_\_\_\_

## Signatures

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Supervisor:\_\_\_\_\_

Date:\_\_\_\_\_

Graduate Coordinator/Chair:\_\_\_\_\_

Date:\_\_\_\_\_

Dean of Graduate Studies:\_\_\_\_\_

Date:\_\_\_\_\_