



**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"/> MHSc	
Supervisor Name:	Supervisor e-mail:
<b>Examination Committee</b>	
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 3

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

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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: