



PhD Health Sciences - External Examiner Guidelines

Confirmation of Arm's-Length Status

Student's Name:	Student Number:
Supervisor Name:	Supervisor e-mail:
Examination Committee	
Co-supervisor (if applicable):	Co-Supervisor e-mail:
Committee Member:	Contact information:
Committee Member:	Contact information:
Proposed External 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** ☐



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: