

## 2.1M Master's TE: Thesis Examiner Nomination Form

Please nominate **up to two** potential thesis examiners. The graduate program is responsible for verifying that each Nominee satisfies the requirements.

Student Name:  Student Number:

Degree (ex. MSc):  Program:  Expected Date of Thesis Submission:

**Note: Thesis copy should be submitted for distribution to the examining committee no less than 4 weeks before tentative exam date. Thesis will be the final version to be examined by the committee until the defence.**

Oral Examination Date:   Confirmed  Tentative

Supervisor:  Co-supervisor:   
(if applicable)

Proposed Thesis title:

Eligibility criteria available on our [website](#)

### Nomination of Thesis Examiner #1

Nominee:

Current Position:

Faculty/Institution:

Email:

**Added:**

- Justification for Nomination (page 2)  
 TE has been contacted and is in agreement

### Nomination of Thesis Examiner #2

Nominee:

Current Position:

Faculty/Institution:

Email:

**Added:**

- Justification for Nomination (page 2)  
 TE has been contacted and is in agreement

**Justification for Nomination:**

- Please comment on the relevant qualifications of the nominee by noting field(s) of expertise and achievements, or by listing specific publications that relate to the candidate's research.
- Add information regarding their experience with graduate student supervision (if known).

**For SGPS office:**

CV obtained if TE is a non-Ontario Tech nominee

**1. Eligibility:**

Does the nominee meet all of the eligibility criteria?  
 Yes  No

**2. Impartiality:**

Does the nominee satisfy all of the Arm's Length requirements?  
 Yes  No

**For SGPS office:**

CV obtained if TE is a non-Ontario Tech nominee

**3. Eligibility:**

Does the nominee meet all of the eligibility criteria?  
 Yes  No

**4. Impartiality:**

Does the nominee satisfy all of the Arm's Length requirements?  
 Yes  No

## 2.1M Master's TE: Thesis Examiner Nomination Form

Justification for Nomination: Examiner #1

Justification for Nomination: Examiner #2

*I have read the instructions and to the best of my knowledge certify that the nominee(s) are academically qualified and at arm's length from the thesis, the student, and the Supervisor(s).*

Name of Supervisor	Signature	Date (dd/mmm/yyyy)
Name of Co-Supervisor (if applicable)	Signature	Date (dd/mmm/yyyy)
Name of Graduate Program Director	Signature	Date (dd/mmm/yyyy)

**GRADUATE STUDIES APPROVAL:**

*I certify that the nominee(s) are academically qualified and at arm's length from the thesis, the student, and the Supervisor(s).*

Dean of SGPS/Designate	Signature	Date (dd/mmm/yyyy)

(If the supervisor is the graduate program director, the Faculty Dean, Assistant Dean or Chair of the department must sign.)