

## Form 2.1P EE: PhD External Examiner Nomination

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

Student Name:  Student Number:

Program: PhD in  Expected Date of Thesis Submission

**Note: Thesis copy to be submitted to SGPS no less than 8 weeks before tentative exam date and will be the final version to be examined by the committee until the defence.**

Oral Examination Date:   Confirmed  Tentative

Supervisor:  Co-supervisor:

Proposed Thesis title:

Eligibility criteria available on our [website](#)

### Nomination of External Examiner #1

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Nominee:

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Current Position:

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Institution:

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Email:

**Added:**

- Justification for Nomination (page 2)  
 EE 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).

### Nomination of External Examiner #2

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Nominee:

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Current Position:

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Institution:

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Email:

**Added:**

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

**For SGPS office:**

CV obtained

**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

**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

## Form 2.1P EE: PhD External Examiner Nomination

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). I confirm that all official thesis communication will come from the School of Graduate and Postdoctoral Studies.*

Name of Supervisor

Signature

Date (dd/mmm/yyyy)

Name of Co-Supervisor

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.)