

Form 2.1P UE: PhD University Examiner Nomination

Please nominate **up to two** potential university 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 University Examiner #1

Nominee:

Rank:

Faculty:

Email:

Added:

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

Nomination of University Examiner #2

Nominee:

Rank:

Faculty:

Email:

Added:

- Justification for Nomination (page 2)
 UE 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 UE #1 is external to university

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 UE #2 is external to university

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

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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.)