



Conflict of Interest Checklist

Stu	dent Information:								
Family Name:		First	First Name:				Middle Initial:		
Degree:		Prog	Program		U of R Student Number:				
Supervisor/Co-Supervisor:									
Supervisor, Title, Name Department			(Co)Supervisor, Title, Name Depa	artment					
Proposed External Examiner:			Institution or Department:						
Proposed External Examiner:			institution of Department.						
Student Checklist:							Yes	No	
1.									
2.	I am a family member or close friend of the propo	sed external exam	niner.						
3.	I have been supervised by the proposed external	examiner within th	ne past 10 years.						
4.	I have a business, commercial or financial relation	nship with the prop	osed external examiner.						
5.	I have engaged in, or intend to engage in, discuss employment.	sions with the prop	osed external examiner regarding	future supe	rvision c	r			
I have engaged in activities with the proposed external examiner that could be interpreted as a conflict of interest.									
If y	If you answered yes to any questions, please explain or attach additional information:								
Student's Signature: Date:									
Stu	dent's Signature:				Date				
Stu	dent's Signature:				Date				
Stu	dent's Signature:				Date				
					Date Super		Co-sup	ervisor	
Sur	pervisor(s) Checklist:	vithin the last 3 ve	ar (Master's) or 5 years (PhD) (inc	ludes			Co-sup Yes	ervisor No	
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