

Conflict of Interest Checklist

Student Information:		
Family Name:	First Name:	Middle Initial:
Degree:	Program	U of R Student Number:

Supervisor/Co-Supervisor:	
Supervisor, Title, Name Department	(Co)Supervisor, Title, Name Department

Proposed External Examiner:	Institution or Department:

Student Checklist:		Yes	No
1.	I have collaborated with the proposed external examiner within the last 5 years		
2.	I am a family member or close friend of the proposed external examiner.		
3.	I have been supervised by the proposed external examiner within the past 10 years.		
4.	I have a business, commercial or financial relationship with the proposed external examiner.		
5.	I have engaged in, or intend to engage in, discussions with the proposed external examiner regarding future supervision or employment.		
6.	I have engaged in activities with the proposed external examiner that could be interpreted as a conflict of interest.		

If you answered yes to any questions, please explain or attach additional information:

Student's Signature:	Date:

Supervisor(s) Checklist:		Supervisor		Co-supervisor	
		Yes	No	Yes	No
1.	I have collaborated with the proposed examiner within the last 3 year (Master's) or 5 years (PhD) (includes publications, grants or submission of grant applications).				
2.	I am a family member or close friend of the proposed external examiner.				
3.	I have a business, commercial or financial relationship with the proposed external examiner.				
4.	I supervised the proposed external examiner in the last 5 years.				
5.	I have a business, commercial or financial relationship with the proposed external examiner.				
6.	I have engaged in activities with the proposed external examiner that could be perceived as a conflict of interest.				

If you answered yes to any questions, please explain or attach additional information:

Supervisor's Signature:	Date:	(Co)Supervisor's Signature	Date:

Department Head's Comments and Final Approval:		
By Signing this form, I verify that the proposed external examiner is eligible to serve in this role, based on the criteria above:		
Department Head Name (printed)	Signature:	Date: