



External Examiner Nomination Form

Student Information	n:				
Last or Family Name			First Name		Middle Initial
				1	
Degree			Program	U of R Student num	ber:
 The supervi The Externa Examiners f External Ex The Externa Under speci 	isor will verify that the al Examiner for Ph.D. for master's theses a aminer Conflict of Int al Examiner is expect	e nominee is wi theses must be re to be from o erest Checklist ted to participated for PhD thes	of faculty, attach their electronic lling and available to serve. e from outside the University of Regutside the student's department/programment and attached are in the thesis defense in person or es only, the External may provide a nair.	gina, and Externa gram. by video-confere	ence.
Nominee for Extern	nal Examiner:				
Name & Title:					
Department					
University					
Email					
Rationale for Choice:					
Approvals					
		Supervisor's S	Signature:	Date:	
Co-supervisor's Name (if applicable): Co-supervis		Co-supervisor	's Signature:	Date:	
	, , , , ,				
Department Head's	s Name*:	Department H	ead's Signature:	Date:	
FGSR Associate Dean's Name: FGSR Ass		FGSR Associa	ate Dean's Signature:	Date:	

^{*} If the Department Head or Dean is a member of the student's committee, a designate must approve this form.