



The Office of Graduate Studies is responsible for all communication between an External Examiner, the Supervisory Committee, and the Student, so that there is no appearance of a conflict of interest.

TIMELINE. The Student must submit this completed form, together with an Abstract in Word format, to the Office of Graduate Studies a minimum of three months prior to the proposed timeframe for defence.

ELIGIBILITY. The External Examiner typically has a doctoral or appropriate terminal degree and is a nationally or internationally recognized distinguished scholar with particular experience in the Student's field of research.

ARM'S LENGTH REQUIREMENTS. The External Examiner must have no conflict of interest with either the Student or the Thesis Supervisor.

PARTICIPATION. The Office of Graduate Studies will invite the External Examiner to participate in the defence. Participation may be in person, via teleconference, or by forwarding questions to the Office of Graduate Studies for the Exam Chair to ask during the examination.

TRAVEL. The Student's program is responsible for making any necessary travel arrangements for the External Examiner.

COMPENSATION. The Student's Supervisor and program are responsible for arranging an honourarium with the External Examiner at the conclusion of the defence.

STUDENT INFORMATION

An **Abstract.doc** must accompany submission of this form.

Table with 2 columns and 4 rows: STUDENT NAME, STUDENT ID#, STUDENT EMAIL, STUDENT SIGNATURE, PROGRAM, EXPECTED DATE OF THESIS SUBMISSION, THESIS TITLE, PROPOSED TIMEFRAME FOR DEFENCE.

SUPERVISOR / CO-SUPERVISOR APPROVAL

By signing below, I agree that the following External Examiner Nominees are academically qualified and at arm's length from the thesis/dissertation, the Student, and the Supervisory Committee.

Table with 2 columns and 4 rows: SUPERVISOR/CO-SUPERVISOR, TWU DEPARTMENT, SUPERVISOR'S EMAIL, SUPERVISOR'S/CO-SUPERVISOR'S SIGNATURE, CO-SUPERVISOR, INSTITUTION/DEPARTMENT, CO-SUPERVISOR'S EMAIL, CO-SUPERVISOR'S SIGNATURE.

EXTERNAL EXAMINER NOMINEES

NOMINEE 1:

NAME:	INSTITUTION:
EMAIL:	CURRENT POSITION:
MAILING ADDRESS:	
JUSTIFICATION FOR NOMINATION (Please comment on the qualifications of the nominee):	
ELIGIBILITY. Does the nominee meet the Eligibility Criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IMPARTIALITY. Does the nominee satisfy the arm's length requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOMINEE 2:

NAME:	INSTITUTION:
EMAIL:	CURRENT POSITION:
MAILING ADDRESS:	
JUSTIFICATION FOR NOMINATION (Please comment on the qualifications of the nominee):	
ELIGIBILITY. Does the nominee meet the Eligibility Criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IMPARTIALITY. Does the nominee satisfy the arm's length requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOMINEE 3:

NAME:	INSTITUTION:
EMAIL:	CURRENT POSITION:
MAILING ADDRESS:	
JUSTIFICATION FOR NOMINATION (Please comment on the qualifications of the nominee):	
ELIGIBILITY. Does the nominee meet the Eligibility Criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IMPARTIALITY. Does the nominee satisfy the arm's length requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

NOMINEE 4:

NAME:	INSTITUTION:
EMAIL:	CURRENT POSITION:
MAILING ADDRESS:	
JUSTIFICATION FOR NOMINATION (Please comment on the qualifications of the nominee):	
ELIGIBILITY. Does the nominee meet the Eligibility Criteria?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IMPARTIALITY. Does the nominee satisfy the arm's length requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No