

PH.D. ORAL THESIS EXAMINATION FORM

STUDENT NAME:		STUDENT#:	
DATE & TIME:		LOCATION:	
E-MAIL:		COUNCIL:	
DEPARTMENT:		OPEN/CLOSED?	
THESIS TITLE:			

COMMITTEE:	NAME:	DEPT:	FOR SGS OFFICE USE:
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CHAIR:			
SUPERVISOR(S):			
HEAD (OR DELEGATE)			
INTERNAL EXAMINER:			
ADDITIONAL EXAMINER:			
INTERNAL/EXTERNAL:			

CROSS-APPOINTED? IF YES, THE DEAN REQUIRES CONFIRMATION THAT THERE HAS BEEN NO INVOLVEMENT WITH THIS RESEARCH/THESIS

EXTERNAL EXAMINER:		UNIVERSITY:	
RESEARCH WEBSITE:		DEPT:	
EMAIL:		PHONE:	
MAILING ADDRESS:			

WILL PARTICIPATE: IN PERSON *REMOTE (i.e. SKYPE, TELECONFERENCE, VIDEOCONFERENCE, ETC.)

- IMPORTANT:** Department head, graduate coordinator, or supervisor: please check the appropriate boxes below. If they are not all "yes" consult immediately with the SGS.
- Yes No All committee members except the external examiner have an academic appointment in the SGS.
 - Yes No The student is currently registered and has paid all due fees.
 - Yes No If applicable, remote participation of the external examiner has been agreed upon by the student, the supervisor and the department head/graduate coordinator.
 - Yes No All members of the examining committee, except the supervisor, are at arm's length from the student and the thesis content so as not to be in conflict of interest with the student (examples include co-authorship with the student on manuscripts that form part of the thesis; a personal or family relationship with the student; vested interest in the thesis/research for personal/financial gain).
 - Yes No In addition to the above, it is confirmed that the external examiner has not published with the supervisor within the last 5 years.

For SGS Office Use Only: E-Mail Sent to...		SUPERVISOR(S):	
<input type="checkbox"/>	Chair		
<input type="checkbox"/>	Student		
<input type="checkbox"/>	Examining Committee	DEPARTMENT HEAD:	
<input type="checkbox"/>	External Examiner Student	DEAN (SGS):	
Date:			