**External Examiner Nomination**

Submit to the Graduate Program Coordinator at least **two (2) months** prior to the proposed defence date. After signed by the coordinator, this form must be submitted to the Office of Graduate Studies (gradstudies@tru.ca) for approval. Students are not permitted to contact the External Examiner for any reason. Any student contact initiated by the External Examiner must be through the Graduate Program Coordinator or the student’s Supervisor. The student’s supervisor should not communicate the views of the External Examiner to the student prior to the defense.

**Student Information**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_TRU E-mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Program: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thesis title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**External Examiner Information**

The Supervisor or Graduate Program Coordinator should have contacted the Nominee to confirm their availability prior to submitting this form.

Nominee’s Name:

Institution: Position:

Email Address: Telephone Number:

Attach a copy of their most recent CV (or include their webpage URL if the site is comprehensive). A signed letter by the Supervisor stating how the nominee qualifies, including a response to the following questions, is required:

* What is their position, do they hold a terminal qualification or the equivalent in a research pertinent discipline, and are they still active in the field?
* Do they have a demonstrated record of peer-reviewed and disseminated research, scholarly activity and/or production of creative works?
* Have they been involved or exposed to the student’s research or the supervisor that potentially presents a conflict of interest?

Supervisor’s Signature Date

Program Coordinator’s Signature Date

AVP Graduate Studies and Research’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Distribution: Original with Graduate Program Coordinator and copies to Office of Graduate Studies (gradstudies@tru.ca) and to Supervisor.*