



REQUEST TO ARRANGE ORAL DEFENCE OF A DOCTORAL THESIS (APPOINTMENT OF EXTERNAL EXAMINER)

- COMPLETE EACH SECTION BELOW AND ATTACH A FULL ACADEMIC CV FOR THE PROPOSED EXTERNAL EXAMINER

A. PHD CANDIDATE INFORMATION	
STUDENT NAME:	
BANNER NUMBER:	EMAIL:
DEPARTMENT/SCHOOL:	FACULTY:
DEGREE PROGRAMME:	

B. CONFLICT OF INTEREST GUIDELINES – EXTERNAL EXAMINERS FOR DOCTORAL THESIS
<p>NO EXTERNAL EXAMINER WITH A PERCEIVED OR REAL CONFLICT-OF-INTEREST MAY PARTICIPATE IN ANY PART OF A DOCTORAL THESIS EXAMINATION. EXAMPLES OF CONFLICTS OF INTEREST ARE PROVIDED BELOW FOR GUIDANCE. OTHER SITUATIONS THAT MAY REPRESENT A CONFLICT OF INTEREST WILL BE CONSIDERED BEFORE APPROVING THE NOMINATION.</p> <ul style="list-style-type: none"> • CURRENTLY ARE, OF HAVE BEEN IN THE PAST FROM THE SAME DEPARTMENT, INSTITUTION, ORGANIZATION OR COMPANY AS THE STUDENT, SUPERVISOR AND/OR ANY EXAMINER. INCLUDING REGULAR FACULTY, ADJUNCTS, STAFF, ADMINISTRATORS OR TAINEEES APPOINTMENTS. • HAVE COLLABORATED, BEEN A CO-APPLICANT FOR EXTERNAL FUNDING OR PUBLISHED WITH THE STUDENT, THE SUPERVISOR AND/OR ANY EXAMINER WITHIN THE LAST 10 YEARS • HAVE BEEN IN A SUPERVISORY RELATIONSHIP WITH THE STUDENT, THE SUPERVISOR AND/OR ANY EXAMINER. • ARE A CLOSE PERSONAL FRIEND OR RELATIVE OF THE STUDENT, THE SUPERVISOR AND/OR ANY EXAMINER. • HAVE HAD A LONG-STANDING SCIENTIFIC OR PERSONAL DIFFERENCES WITH THE STUDENT, THE SUPERVISOR AND/OR ANY EXAMINER. • ARE IN A POSITION TO GAIN OR LOSE FINANCIALLY FROM THE OUTCOME OF THE EXAMINATION, OR • FOR SOME OTHER REASON FEELS THAT THEY CANNOT PROVIDE OBJECTIVE REVIEW OF THE THESIS <p>ALL EXTERNAL EXAMINERS ARE REQUIRED TO ATTEST AND SIGN TO THE ABOVE.</p>

C. PROPOSED EXTERNAL EXAMINER		
PLEASE ATTACH THE FULL ACADEMIC CV OF YOUR FIRST CHOICE EXTERNAL EXAMINER SHOWING DEGREES, AFFILIATIONS, GRADUATE SUPERVISION AND EXAMINATION EXPERIENCE, FUNDING AND PUBLICATIONS FOR THE PAST 10 YEARS.		
NAME:	DEPARTMENT/SCHOOL & INSTITUTION:	TELEPHONE:
		EMAIL:
IF THE FIRST CHOICE OF EXTERNAL EXAMINER IS NOT APPROVED, FGS WILL CONTACT THE DEPARTMENT (CHAIR/HEAD/SCHOOL DIRECTOR) TO DISCUSS ARRANGEMENTS FOR ALTERNATIVE EXTERNAL EXAMINERS.		

D. PROPOSED DEFENCE FORMAT		
<input type="checkbox"/> IN-PERSON	<input type="checkbox"/> HYBRID	<input type="checkbox"/> VIRTUAL
PLEASE NOTE: THE COST OF TRAVEL FOR IN-PERSON PARTICIPATION BY AN EXTERNAL EXAMINER IS THE RESPONSIBILITY OF THE DEPARTMENT.		

E. ELIGIBILITY OF EXTERNAL EXAMINER
PLEASE CONFIRM THAT THE EXTERNAL EXAMINER:
HOLDS A PHD OR THE EQUIVALENT DEGREE
WORKS AT OR HOLDS AN ADJUNCT APPOINTMENT AT A UNIVERSITY THAT GRANTS PHD DEGREES
HAS DEMONSTRATED EXPERIENCE WITH DOCTORAL SUPERVISION TO DEGREE COMPLETION
HAS EXPERIENCE EXAMINING DOCTORAL STUDENT
DOES NOT HAVE A CONFLICT OF INTEREST WITH THE THESIS, THE CANDIDATE, THE SUPERVISOR, EXAMINERS OR THE INSTITUTION.
IF THE EXTERNAL EXAMINER DOES NOT MEET ALL OF THE ABOVE CRITERIA, PLEASE COMMENT BELOW OR OUTLINE IN A LETTER FROM THE DEPARTMENTAL CHAIR/HEAD/SCHOOL DIRECTOR THE REASONS FOR YOUR CHOICE
COMMENT:

F. ARMS LENGTH STATUS		
HAS THE EXTERNAL EXAMINER EVER BEEN AFFILIATED WITH DALHOUSIE (ADJUNCT, FACULTY MEMBER, ADMINISTRATOR)?	YES	NO
HAS THE EXTERNAL EXAMINER EVER BEEN A GRADUATE STUDENT OR POSTDOCTORAL FELLOW AT DALHOUSIE?	YES	NO
DOES THE EXTERNAL EXAMINER HOLD A PHD DEGREE FROM DALHOUSIE?	YES	NO
HAS THE EXTERNAL EXAMINER BEEN INVOLVED IN THE STUDENT'S RESEARCH?	YES	NO
HAS THE EXTERNAL EXAMINER EVER RECEIVED A SIGNIFICANT HONOURS OR RECOGNITION FROM DALHOUSIE?	YES	NO
IF YOU ANSWERED YES TO ANY OF THESE QUESTIONS, PLEASE PROVIDE DETAILS BELOW (1750 characters max). NOMINATION OF EXTERNAL EXAMINER NOT AT ARMS-LENGTH WILL NOT BE APPROVED. WITHOUT JUSTIFICATION.		

G. SUPERVISORY COMMITTEE MEMBERS

THESIS COMMITTEE MEMBERS <small>** REGULAR OR ADJUNCT (RETIRED) MEMBERS SHOULD CONSTITUTE NO LESS THAN 50% OF THE MEMBERSHIP OF A SUPERVISORY COMMITTEE</small>		SIGNATURE
SUPERVISOR WITH REGULAR OR ADJUNCT (RETIRED) FGS MEMBERSHIP	NAME:	
	EMAIL:	
	DEPT/SCHOOL & INSTITUTION	
CO-SUPERVISOR (IF APPLICABLE) WITH FGS MEMBERSHIP (REGULAR OR ADJUNCT)	NAME:	
	EMAIL:	
	DEPT/SCHOOL & INSTITUTION	
COMMITTEE MEMBER WITH REGULAR OR ADJUNCT (RETIRED) FGS MEMBERSHIP	NAME:	
	EMAIL:	
	DEPT/SCHOOL & INSTITUTION	
COMMITTEE MEMBER WITH FGS MEMBERSHIP (REGULAR OR ADJUNCT)	NAME:	
	EMAIL:	
	DEPT/SCHOOL & INSTITUTION	
ADDITIONAL MEMBER** (SELECT MEMBERSHIP) <input type="checkbox"/> REGULAR <input type="checkbox"/> ADJUNCT	NAME:	
	EMAIL:	
	DEPT/SCHOOL & INSTITUTION	
ADDITIONAL MEMBER** (SELECT MEMBERSHIP) <input type="checkbox"/> REGULAR <input type="checkbox"/> ADJUNCT	NAME:	
	EMAIL:	
	DEPT/SCHOOL & INSTITUTION	
ADDITIONAL MEMBER** (SELECT MEMBERSHIP) <input type="checkbox"/> REGULAR <input type="checkbox"/> ADJUNCT	NAME:	
	EMAIL:	
	DEPT/SCHOOL & INSTITUTION	

DEPARTMENT APPROVAL

OR	OR
<small>upload signature stamp</small>	<small>use electronic signature</small>
<small>sign by typing or drawing signature</small>	
DEPARTMENT CHAIR/HEAD/SCHOOL DIRECTOR	SIGNATURE DATE

SUBMIT ELECTRONIC COPY OF THIS FORM VIA EMAIL TO **THESIS@DAL.CA**.
PLEASE INCLUDE PROPOSED EXTERNAL EXAMINERS FULL ACADEMIC CV WITH YOUR SUBMISSION.

FACULTY OF GRADUATE STUDIES
HENRY HICKS ACADEMIC ADMINISTRATION BUILDING
ROOM 314 – 6299 SOUTH STREET
PO BOX 15000,

DATE AND TIME SELECTED FOR DEFENCE		
	DATE:	TIME:
ASSOCIATE DEAN, FGS	SIGNATURE	DATE