



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:	DEGREE PROGRAMME:
YEAR OF PROGRAM:	

B. CONFLICT OF INTEREST GUIDELINES – EXTERNAL EXAMINERS FOR DOCTORAL THESIS
<p>NO EXTERNAL EXAMINER WITH A CONFLICT-OF-INTEREST MAY PARTICIPATE IN ANY PART OF A DOCTORAL THESIS EXAMINATION. AN EXTERNAL EXAMINER IS CONSIDERED TO HAVE A CONFLICT OF INTEREST WITH A THESIS IF THEY:</p> <ul style="list-style-type: none"> • ARE FROM THE SAME IMMEDIATE DEPARTMENT, INSTITUTION, ORGANIZATION OR COMPANY AS THE STUDENT AND/OR SUPERVISOR IN THE COURSE OF THEIR DUTIES AT THE DEPARTMENT, INSTITUTION, ORGANIZATION OR COMPANY • HAS COLLABORATED, BEEN A CO-APPLICANT FOR EXTERNAL FUNDING OR PUBLISHED WITH THE STUDENT AND/OR SUPERVISOR WITHIN THE LAST 10 YEARS • HAS BEEN A STUDENT OF THE SUPERVISOR OR SUPERVISOR OF THE STUDENT • IS A CLOSE PERSONAL FRIEND OR RELATIVE OF THE STUDENT AND/OR SUPERVISOR • HAS HAD A LONG-STANDING SCIENTIFIC OR PERSONAL DIFFERENCES WITH THE STUDENT AND/OR SUPERVISOR • IS 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 CV OF YOUR FIRST CHOICE EXTERNAL EXAMINER SHOWING DEGREES, GRADUATE SUPERVISION AND EXAMINATION EXPERIENCE, AND RECENT PUBLICATIONS.		
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
<p>PLEASE CONFIRM THE EXTERNAL EXAMINER:</p> <p><input type="checkbox"/> HOLDS A PHD OR THE EQUIVALENT DEGREE</p> <p><input type="checkbox"/> WORKS AT OR HOLDS AN ADJUNCT APPOINTMENT AT A UNIVERSITY THAT GRANTS PHD DEGREES</p> <p><input type="checkbox"/> HAS DEMONSTRATED EXPERIENCE WITH DOCTORAL SUPERVISION TO DEGREE COMPLETION</p> <p><input type="checkbox"/> HAS EXPERIENCE EXAMINING DOCTORAL STUDENT</p> <p>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.</p> <p>COMMENT:</p>

F. ARMS LENGTH STATUS		
IS THE EXTERNAL EXAMINER AFFILIATED WITH DALHOUSIE (ADJUNCT, ADJUNCT SCHOLAR, COMMITTEE MEMBER)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
IS THE EXTERNAL EXAMINER'S REGULAR PLACE OF EMPLOYMENT IN NOVA SCOTIA?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
DOES THE EXTERNAL EXAMINER HOLD A PHD DEGREE FROM DALHOUSIE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAS THE EXTERNAL EXAMINER BEEN INVOLVED IN THE STUDENT'S RESEARCH?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
HAS THE EXTERNAL EXAMINER CO-PUBLISHED WITH THE STUDENT OR THE STUDENT'S SUPERVISOR WITHIN THE LAST 10 YEARS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO

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	
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

DEPARTMENT CHAIR/HEAD/SCHOOL DIRECTOR	SIGNATURE	DATE
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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,
 HALIFAX, NS, CANADA, B3H 4R2

FOR FGS USE ONLY

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