

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

- COMPLETE EACH SECTION BELOW AND ATTACH A BRIEF CV OF FIRST CHOICE EXAMINER.
- APPLICATION MUST BE WORD PROCESSED.

**A. PHD CANDIDATE INFORMATION**
**STUDENT NAME:**
**DEPARTMENT / SCHOOL:**
**BANNER NUMBER:**
**DEGREE PROGRAM:**
**YEAR OF PROGRAM:**
**PREFERRED TIME FRAME FOR DEFENCE:**  
 (I.E. LATE JULY, EARLY AUGUST, MID JUNE)

**ANTICIPATED DATE OF GRADUATION:**
**B. CONFLICT OF INTEREST GUIDELINES - EXTERNAL EXAMINERS FOR DOCTORAL THESES**

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 HE/SHE:

- IS FROM THE SAME IMMEDIATE DEPARTMENT, INSTITUTION, ORGANIZATION OR COMPANY AS THE STUDENT AND/OR HIS/HER SUPERVISOR, AND WHO INTERACTS WITH STUDENT AND/OR SUPERVISOR IN THE COURSE OF HIS/HER 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 FIVE YEARS;
- HAS BEEN A STUDENT OF THE SUPERVISOR OR SUPERVISOR OF THE STUDENT WITHIN THE LAST TEN YEARS;
- IS A CLOSE PERSONAL FRIEND OR RELATIVE OF THE STUDENT AND/OR SUPERVISOR;
- HAS HAD 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 HE/SHE CANNOT PROVIDE AN OBJECTIVE REVIEW OF THE THESIS.

ALL EXTERNAL EXAMINERS ARE REQUIRED TO ATTEST AND SIGN TO THE ABOVE.

**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	INSTITUTION	ADDRESS	PHONE / E-MAIL
			TEL:
			E-MAIL:

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. ELIGIBILITY OF EXTERNAL EXAMINER**

PLEASE CONFIRM 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 EXPERIENCE SUPERVISING DOCTORAL STUDENTS
- HAS EXPERIENCE EXAMINING DOCTORAL STUDENTS

IF THE EXTERNAL EXAMINER HOLDS A PHD DEGREE, BUT DOES NOT MEET ANY OF THE OTHER CRITERIA, PLEASE OUTLINE IN A COVERING LETTER FROM THE DEPARTMENTAL CHAIR/HEAD/SCHOOL DIRECTOR THE REASONS FOR YOUR CHOICE.

**E. 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**F. SUPERVISORY COMMITTEE MEMBERS**

THESIS COMMITTEE MEMBERS		DEPARTMENT	SIGNATURE (MUST BE ORIGINAL)
SUPERVISOR:	NAME: -----		
	EMAIL:		
CO-SUPERVISOR (IF APPLICABLE):	NAME: -----		
	EMAIL:		
GSIS APPROVED SUPERVISORY COMMITTEE MEMBERS:	NAME: -----		
	EMAIL:		
	NAME: -----		
	EMAIL:		
	NAME: -----		
	EMAIL:		
NAME: -----			
EMAIL:			

**G. DEPARTMENTAL APPROVAL**

DEPARTMENT CHAIR / HEAD / SCHOOL DIRECTOR	SIGNATURE	DATE

SUBMIT TO:  
(INCLUDE EXTERNAL EXAMINER CV)

FACULTY OF GRADUATE STUDIES  
HENRY HICKS ACADEMIC ADMINISTRATION BUILDING  
ROOM 314  
6299 SOUTH STREET  
PO BOX 15000  
HALIFAX, NS, CANADA, B3H 4R2

**H. FOR FGS USE ONLY**

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