

Last Name, First Name:

#### **External Examiner Nomination Form**

Student ID:

The purpose of the External Examiner is to provide an independent assessment of the dissertation with regard to its quality, correctness, academic rigor and appropriateness, and sufficiency for awarding of a doctoral degree.

The External Examiner must be external to Toronto Metropolitan University. They must be a recognized expert on the subject of the dissertation, and is normally a Full Professor at their home institution. An examiner from outside the academic sector must possess the qualifications to be appointed to an academic position at this level. Finally, the external examiner must be at arm's length from both the candidate and the supervisor(s). Normally this will exclude anyone who:

- has served as PhD Supervisor/Supervisee of the Candidate or the Supervisor
- has been a departmental colleague of the candidate or the supervisor
- has collaborated on a research project, scholarly work or publication, with either of them

The Vice-Provost and Dean, in considering the nomination of an external examiner, will assess whether the nominee is at arm's length.

The Supervisor will complete this form and attach it to the *Dissertation Examining Committee Nomination* form, and forward the package to the Graduate Program Director to be submitted to the Vice-Provost and Dean at least seven weeks before the planned examination date.

## NOMINATION OF AN EXTERNAL EXAMINER FOR THE DISSERTATION EXAMINATION OF:

Title:	Supervisor:	
I nominate the following as the External Examiner for the above dissertation examination:		
Name:		
Current University and appointment/status information (if the nominee is from outside the academic sector, please provide employment/industry equivalent):		
Mailing address, email and phone no:		
Description of nominee's expertise in the area of the dissertation and rationale for this nomination. If the nominee is from outside the academic sector, please identify the qualifications parallel to those required for appointment to a full professorship:		

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# To the best of my knowledge, the nominee is at arm's length to Toronto Metropolitan University, the candidate, and myself. I have verified that:

- The nominee was not my Doctoral Supervisor or Advisor and I have not supervised the nominee
- The nominee has not been or is not a departmental colleague
- The nominee has not been or is not a research partner or collaborator on a research project, scholarly work, or publication
- The nominee has not been or is not the supervisor of the candidate
- The nominee has not been or is not a departmental colleague of the candidate
- The nominee has not been or is not a research partner or collaborator on a research project, scholarly work, or publication with the candidate.

## CV attached showing graduate teaching and supervision

Name of Supervisor/Nor	minator:		
Signature of Supervisor	/Nominator:	Date:	
Name of Graduate Progr	ram Director:		
Signature of Graduate Program Director:		Date:	
APPROVAL (For completion by Vice-Provost and Dean, YSGS ONLY)			
Approved	Not approved		
Signature of the Vice-Provost and Dean, YSGS:		Date:	

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