

Doctoral Thesis Nomination of Examiners Form

Submit this completed form to <u>doctoralthesissubmission.gps@mcgill.ca</u> from your official McGill email address with a single PDF version of your thesis. Please verify that all signatures are included on page 3 of this form.

Name:	McGill ID:			
Last First				
Email Address:	Degree:			
Unit*:				
*Unit refers to a department, a division, a school, an institute, or a Faculty/University-wide graduate program				
Exact Thesis Title: Capitalize proper nouns only (E.g., The politics and economics of the Free Trade deal) and use words rather than symbols (e.g., carbon dioxide instead of CO2). Note: The convocation booklet will display the thesis title in lower case except for proper nouns.				
Supervisory Committee (list all members)				
Thesis Supervisor				
Full Name/Title	Mailing Address (Full campus address where applicable)			
Tel: ()				
Thesis Co-Supervisor (if applicable)				
Full Name/Title	Mailing Address (Full campus address where applicable)			
Tel: ()				
Other Members				
Full Name/Title	Unit*			



Names and addresses in the following two sections <u>must be complete</u> with full names (no initials), and complete Unit* and non-McGill addresses, including building and room number, street address, city, province, postal code, e-mail address, as well as telephone number(s).

nternal Examiner		
The Unit* has established that the internal examiner has agr the internal examiner a copy of the thesis. The internal examine policy (see University conflict of interest regulations).		
Full Name/Title	Mailing Address (Full campus address where applicable)	
Tel: ()		
External Examiner		
The Unit* has established that the external examiner has agrithe external examiner a copy of the thesis. The external examat arm's length, free of conflict of interest from any source whether it could appear to a reasonable outside person that than the merits of the thesis document. The candidate's Unit examiner whose relationship with the candidate, the superimpartial judgment on the thesis. Any individual asked to extend the context of the context of the superimpartial programment of the context of the contex	miner must be able to examine the student and the thesis . The test of whether a conflict of interest might exist is evaluation of the thesis may be affected by anything other t* must take reasonable steps to avoid recommending an visor, or their research could be seen as jeopardizing an	
Full Name/Title	Mailing Address (Full campus address where applicable)	
Tel: ()		
Certifications a	and Signatures	
The Unit* head or delegate certifies that		
All other degree requirements have been met		
The nominated internal examiner is not in conflict conflict of interest regulations)	t of interest according to McGill's policy (see University	
There is no conflict of interest with nominated external examiner (see checklist)		

Superv	visor(s) certifies	that:			
	The thesis meets GPS guidelines for preparation and initial submission				
	The thesis me	The thesis meets scholarly standards for partial fulfillment of the degree			
		Il ethics and compliance certificates required have been properly obtained and copies are on appropriate offices on onlict of interest with nominated internal examiner according to McGill's policy (see University			
	There is no co				
	see University	conflict of interest regulations)			
	There is no conflict of interest with nominated external examiner (see checklist)				
The stu	udent certifies t	hat:			
	Thesis meets GPS guidelines for preparation and submission				
	If relevant, appropriate permissions have been obtained to include copyrighted material in the thesis				
	If relevant, appropriate permissions have been obtained from co-authors of manuscripts included in the thesis for such inclusion				
	In the Preface, contributions of student to each chapter are explicitly stated				
	In the Preface, contribution of any co-authors to each chapter have been explicitly stated				
this form.	Any contact wi	nt acknowledge that there will be no further contact th examiners by the supervisor or student after submation process will be cancelled.			
Date		Student's Signature	Print Name		
Date		Supervisor's Signature	Print Name		
Date		Co-Supervisor's Signature	Print Name		
Date		Unit* Head's or Delegate** Signature	Print Name		

Revised March 2018

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** Please attach a copy of approval granting signing authority if signed by delegate other than the Graduate Program Director