

Graduate and Postdoctoral Studies Nomination of Examiners & Thesis Submission Form

 Family Name _____ / _____
 Given Name(s)

 Student No. _____ Program/Option _____ M ☐ F ☐

E-mail address _____

Degree _____ Unit* _____

External :

Sent ____/____/____ Due ____/____/____

Recv'd ____/____/____

Internal:

Sent ____/____/____ Due ____/____/____

Recv'd ____/____/____

Oral Defence Form

Sent ____/____/____ Recv'd ____/____/____

PLEASE NOTE THAT YOUR NAME WILL APPEAR IN THE CONVOCATION BOOKLET AND ON YOUR DIPLOMA AS IT APPEARS ON YOUR OFFICIAL REGISTRATION AT MCGILL

(Note: The family name must be identical to the name under which you are registered. Official name changes must be submitted, in writing, and with supporting documents to Enrolment Services, 3415 McTavish, McLennan Library Building, two months before convocation. If you wish to change only the appearance of your name (i.e. to add accents, uppercase/lowercase letters, hyphen or apostrophe), you must do this on the web at <http://www.mcgill.ca/minerva-students> by the Convocation deadlines at <http://www.mcgill.ca/convocations>.

The address listed by you on the Student Records System will be used to notify you about your graduation status. Please ensure that your addresses (MAIL/HOME) are correct on your record. Corrections can be made on the web at: <http://www.mcgill.ca/minerva-students>

Exact Thesis Title: (N.B.: Please capitalize proper nouns only; e.g. *The politics and economics of the Free Trade deal*. Please use words rather than symbols, e.g. "carbon dioxide" instead of CO₂):

DOES YOUR THESIS INCLUDE MANUSCRIPTS PREVIOUSLY PUBLISHED OR TO BE PUBLISHED? Yes ☐ No ☐

If yes, the contribution of co-authors must be explicitly stated in the thesis.

Thesis Supervisor (or Co-Supervisor)

Full Name/Title

Tel: (____)____/____/____

Fax: (____)____

E-mail: _____

Mailing Address (Full campus address where applicable)

Thesis Supervisor (or Co-Supervisor)

Full Name/Title

Tel: (____)____/____/____

Fax: (____)____

E-mail: _____

Mailing Address (Full campus address where applicable)

Thesis Advisory Committee (if applicable, please list all members)

Full Name/Title

Unit*

- | | |
|----------|-------|
| 1) _____ | _____ |
| 2) _____ | _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |
| 5) _____ | _____ |

Names and addresses in the following two sections must be complete, i.e. 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 and fax numbers.

A. Internal Examiner (only for Doctoral examinations):

The unit has established that the Internal Examiner is willing to serve. The unit* is responsible for giving the Internal Examiner a copy of the thesis.*

Full Name/Title

Mailing Address (Full campus address where applicable)

Tel: () / /
Fax: () / (extension)
E-mail:

B. External Examiner:

The unit has established that the External Examiner is willing to serve. GPS is responsible for giving the External Examiner a copy of the thesis. (Note: for Master's thesis examination the external examiner can be internal or external to the unit or university.)*

Full Name/Title

Mailing Address (Full campus address where applicable)

Tel: () / /
Fax: () / (extension)
E-mail:

Conflict of Interest Checklist: External Examiner

External examiners (including the external member on the Oral Defence Committee for a doctoral candidate) must be perceived to be able to examine the student and the thesis at arm's length, free of conflict of interest from any source. The test of whether or not a conflict of interest might exist is whether a reasonable outside person could consider that a situation could give rise to an apprehension of bias. The candidate's unit* must take reasonable steps to avoid recommending an examiner whose relationship with the candidate, the supervisor, or their research could be seen as jeopardizing an impartial judgment on the thesis. Any individual asked to examine a thesis must declare possible sources of conflict. The following checklist, while not exhaustive, itemizes situations that could represent conflict of interest, and thus need to be declared and avoided. It is the responsibility of the unit* (student's supervisor, chair or designate) to complete this checklist in consultation with the nominated examiner and provide it to the Thesis Office along with the Nomination of Examiners form.

Note: An answer of YES to any question would exclude this individual as an examiner. Address any queries to the Thesis Office.

Student's name: _____
Supervisor(s): _____
Nominated External Examiner: _____

Student # _____
Graduate Program: _____

- Have you co-authored or otherwise carried out research in collaboration with the student or the supervisor (within the last five years)?
Yes or No
- Do you knowingly have a financial interest in an entity that could benefit from the thesis research? Yes or No
- Have you previously read the thesis, or parts of it, or evaluated the student's thesis research (e.g., as an advisor, as a supervisory committee member, evaluator for progress tracking)? Yes or No
- Have you previously examined or been examined by the student's supervisor (within the last five years), e.g., the former student or former supervisor of the student's supervisor? Yes or No
- Do you have a former or pending affiliation with the student's academic unit* (within the last five years); e.g., graduated from the same academic program or been offered an academic appointment in the unit*? Yes or No **(examiners of doctoral theses only)**
- Have you held an academic appointment at McGill within the last five years? Yes or No **(examiners of doctoral theses only)**

- Have you engaged in (or intend to engage in) discussions/negotiations with student or supervisor relating to future employment or supervision? Yes or No
 - Do you have a personal or financial relationship to the student or the supervisor? Yes or No
- Relationships that might appear to have a conflict of interest include:
- A past or present spouse or partner
 - A close family member
 - A past or present business partner
- Have you engaged in other activities that could be interpreted as conflict of interest? (please specify)

Certifications and Signatures:

The Unit head certifies that*

- 1) *All other degree requirements have been met*
- 2) *The above information is correct*
- 3) *There is no conflict of interest with the nominated external examiner*

_____	_____	_____
Date	Student's Signature	Print Name
_____	_____	_____
Date	Supervisor's Signature	Print Name
_____	_____	_____
Date	Co-Supervisor's Signature	Print Name
_____	_____	_____
Date	Unit* Head's Signature or Delegate**	Print Name

Thesis Submission Certification and Signatures:

The supervisor and student acknowledge that there will be no further contact with the external examiner after he/she has been initially contacted

Supervisor(s) certifies that:

- 1) *The thesis meets [GPS' guidelines for preparation](#) (hyperlink to web page) and initial submission (hyperlink to web page)*
- 2) *I have read the thesis and it meets scholarly standards for partial fulfillment of the degree.*
- 3) *If relevant, any and all ethics and compliance certificates required have been properly obtained and copies are on file with the appropriate offices.*

_____	_____	_____
Date	Supervisor's Signature	Print Name
_____	_____	_____
Date	Co-Supervisor's Signature	Print Name

The student certifies that the thesis meets GPS guidelines for preparation and submission and that:

- 1) *If relevant, any and all ethics and compliance certificates required have been properly obtained and copies are on file with the appropriate offices.*
- 2) *If relevant, appropriate permissions have been obtained to include copyrighted material in the thesis.*
- 3) *If relevant, appropriate permissions have been obtained from co-authors of manuscripts included in the thesis for such inclusion.*

_____	_____	_____
Date	Student's Signature	Print Name

Submit with thesis to: Doctoralthesissubmission.gps@mcgill.ca
Mastersthesissubmission.gps@mcgill.ca

**Unit refers to a department, a division, a school, an institute, or a Faculty/University-wide graduate program.*

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