



Master's Thesis Nomination of Examiners Form

Submit this completed form to mastersthesissubmission.gps@mcgill.ca 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: Last First McGill ID: 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: ( ) - / (extension) E-mail:

Thesis Co-Supervisor (if applicable)

Full Name/Title Mailing Address (Full campus address where applicable) Tel: ( ) - / (extension) E-mail:

Other Members

Full Name/Title Unit\*

**Names and addresses** in the following two sections **must be complete** 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).

**Examiner**

The Unit\* has established that the examiner has agreed to evaluate the thesis. The examiner can be internal or external to the Unit\* or University. GPS is responsible for sending the examiner a copy of the thesis. The examiner must 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 a conflict of interest might exist is whether it could appear to a reasonable outside person that evaluation of the thesis may be affected by anything other than the merits of the thesis document. 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 (see [checklist](#)).

**Full Name/Title**

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**Mailing Address** (Full campus address where applicable)

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Tel: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ / \_\_\_\_\_  
(extension)

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E-mail: \_\_\_\_\_

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**Certifications and Signatures****The Unit\* head or delegate certifies that**

- All other degree requirements have been met
- The nominated examiner internal to McGill is not in conflict of interest according to McGill's policy (see University [conflict of interest regulations](#))
- There is no conflict of interest with nominated examiner external to McGill (see [checklist](#))

**Supervisor(s) certifies that:**

- The thesis meets GPS [guidelines for preparation](#) and [initial submission](#)
- The thesis meets scholarly standards for partial fulfillment of the degree
- If relevant, all ethics and compliance certificates required have been properly obtained and copies are on file with the appropriate offices
- The nominated examiner internal to McGill is not in conflict of interest according to McGill's policy (see University [conflict of interest regulations](#))
- There is no conflict of interest with nominated examiner external to McGill (see [checklist](#))

**The student certifies that:**

- Thesis meets GPS guidelines for preparation and submission
- If relevant, all ethics and compliance certificates required have been properly obtained and copies are on file with the appropriate offices
- 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

The supervisor and student acknowledge that there will be no further contact with the examiners after submission of this form. Any contact with examiners by the supervisor or student after submission of this form constitutes a conflict of interest and the examination process **will be cancelled.**

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

*\*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*

**Revised March 2018**