



Faculty of Mathematics and Science
Office of the Associate Dean, Graduate Studies and Research

Brock University
Niagara Region
1812 Sir Isaac Brock Way
St. Catharines, ON
L2S 3A1 Canada

T 905-688-5550 x3115
E egenkin@brocku.ca

Master of Science Appointment of the External Examiner

This form must be submitted to the Office of the Associate Dean (MC D473) at least **six weeks** prior to the expected date of the defence. For additional information, see: http://www.brocku.ca/university-secretariat/facultyhandbook/section3#_genIndex93, 14.8.4 E.

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the administration of the University and its programs and services.

Questions about this collection should be addressed to the Faculty of Graduate Studies.

Student Information

First Name	Surname
Student Number	Department
Telephone	Email
Desired Examination Week	Date Thesis Submitted

Title of Thesis

External Examiners

Provide a list of three potential external examiners. Please include their name, University, address, contact information (email, telephone, fax), and areas of expertise.

The external examiner must be a recognized authority in the student's discipline area and be experienced in evaluating theses. The proposed external examiner must be in a position to review the thesis objectively and to provide a critical analysis of the thesis and the oral defence.

It is essential that the external examiner not have a current or previous association with the student, the supervisor, or the graduate program, as this would hinder objective analysis. For example, a proposed examiner who has recently been associated with the student as a research collaborator or co-author would not be eligible. Also, a proposed external must not have recent association with the candidate's supervisor (as a former student, supervisor, or close collaborator, for instance). A proposed external examiner normally should not be nominated more frequently than once every two years. Prior to the final oral examination, the research supervisor, Graduate Program Director nor the candidate should contact the external examiner. Any contact must be directed to the Office of the Associate Dean, Graduate Studies and Research.

External Examiner 1

Name, University, Address	Contact Information	Areas of Expertise
		<ul style="list-style-type: none">•••

External Examiner 2

Name, University, Address	Contact Information	Areas of Expertise • • •
---------------------------	---------------------	-----------------------------------

External Examiner 3

Name, University, Address	Contact Information	Areas of Expertise • • •
---------------------------	---------------------	-----------------------------------

Delivery Format

Please note: The Dean of Mathematics and Science's budget has no budget line for Master of Science thesis defences. Should a supervisor desire to invite an external examiner to the campus, the cost of having the examiner here will be borne by the student's supervisor or department.

Please select one of the following thesis defence delivery formats:

Video Conferencing <input type="checkbox"/>	Brock University <input type="checkbox"/>	Other <input type="checkbox"/> Specify: _____
---	---	--

Account Number (if external examiner comes to Brock University for the defence): _____

Name of person who will accompany the examiner to the examination room: _____

Name of person who will invite the examiner for a meal, and will accompany the examiner: _____

Additional Information

Has the thesis (PDF) has been sent to egenkin@brocku.ca	Y <input type="checkbox"/>	N <input type="checkbox"/>
Has the thesis (PDF) has been sent to Graduate Program Director	Y <input type="checkbox"/>	N <input type="checkbox"/>
Declaration of Originality submitted	Y <input type="checkbox"/>	N <input type="checkbox"/>

Graduate Program Director

Signature of Graduate Program Director

Date of Request