

Master's Thesis Nomination of Examiners Form

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| Name: DAS | Sreela McGill ID: 26077 2871 | | | |
|--|---|------------------------|--|--|
| Email Address: Scela.da Coma Unit*: Physics/Science *Unit refers to a department, a division, a school, | First L. Mcgill. Ca Degree: MSc In institute, or a Faculty/University-wide graduate program | | | |
| Exact Thesis Title: Capitalize proper nouns only (E than symbols (e.g., carbon dioxide instead of CO2) Note: The convocation booklet will display the the | g., The politics and economics of the Free Trade deal) and use words rather is title in lower case except for proper nouns. | andyd COMPA- | | |
| Supervisory Committee (list all members) | | | | |
| Thesis Supervisor Full Name/Title Kenneth RAGAN / Professor | Mailing Address (Full campus address where applicable) Department of Physics | | | |
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| Tel: (514) 398 _ 6518 / (extension) E-mail: ragan@physics.mcgill.ca | Montreal H3A 2T8 | | | |
| Thesis Co-Supervisor (if applicable) | | | | |
| Full Name/Title | Mailing Address (Full campus address where applicable) | | | |
| Tel: () | | | | |
| Other Members | | | | |
| Full Name/Title | Unit* | | | |

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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).

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 Thomas BRUNNER / Professor | Mailing Address (Full campus address where applicable) Department of Physics | | | |
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| | | | | |
| Certifi | ications and Signatures | | | |
| (see University conflict of interest regula | Gill is not in conflict of interest according to McGill's policy | | | |
| Supervisor(s) certifies that: | | | | |
| X The thesis meets GPS guidelines for prepared | paration and initial submission | | | |
| The thesis meets scholarly standards for | X The thesis meets scholarly standards for partial fulfillment of the degree | | | |
| If relevant, all ethics and compliance cer are on file with the appropriate offices | tificates required have been properly obtained and copies | | | |

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The nominated examiner internal to McGill is not in conflict of interest according to McGill's policy

There is no conflict of interest with nominated examiner external to McGill (see checklist)

(see University conflict of interest regulations)

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| Ø | 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 <u>will be cancelled</u>.

| Aug 02/2019 | Surly | SREELA DAS |
|-------------|--|---------------|
| Date U | Student's Signature | Print Name |
| Aug 03 2019 | KABJ | K.J. RAGAN |
| Date | Supervisor's Signature | Print Name |
| Date | , Co-Superviso r's Sig nature | Print Name |
| Aug 05/2018 | Jeeston | SANGYONG JEAN |
| Date | Unit* Head's or Delegate** Signature | Print Name |

Revised March 2018

^{*}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