Final Oral Examination EXTERNAL EXAMINER NOMINATION FORM
FOR PhD

Process: This form is to be completed by RSI student supervisor, attached to the FINAL PAC form and sent to the RSI Office at least 8 weeks prior to the Final Oral Examination. The RSI office will review the proposed examiners, obtain the examiners’ CV and forward it to SGS for formal approval. SGS reviews and approves the External Examiner for the Final Oral Examination in advance of exam booking. Student and supervisor will be notified via Email of SGS approval of an external examiner.

- The RSI Office will deliver the final thesis to the External Examiner.
- Students may NOT contact the examiner under any circumstances.
- Supervisors may contact external examiners ONLY to ascertain willingness to provide a written appraisal and/or availability to attend the examination at the specified time.
- Supervisor and examiner DO NOT discuss thesis content, aside from providing the thesis title.

The external examiner:

- must be a non-UofT expert in the candidate’s field of research
- must be affiliated with another University and hold professorial rank equivalent to a Full Member of SGS
- must be an objective reviewer - neither affiliated with the student’s research project nor collaborated with the supervisor or student in the previous six years.
- will be required to submit a written appraisal of the thesis at least two weeks before the Final Oral Examination
- is a voting member at the Final Oral Examination by attending the defense or participating via speakerphone for the entire exam.

First Choice (please print clearly)

Name __________________________________ Position and Rank: ________________________________
Institution: ___________________________________________________________________________
Address ______________________________________________________________________________
Phone: ____________________________ Fax: _____________________ Email: ______________________
Area of Specialization: _____________________________________________________________________

Second Choice

Name ______________________________ Position and Rank: _________________________________
Institution: ___________________________________________________________________________
Address: ______________________________________________________________________________
Phone: ____________________________ Fax: ______________________ Email: _____________________
Area of Specialization: _____________________________________________________________________

Third Choice

Name: _______________________________ Position and Rank: _________________________________
Institution: ___________________________________________________________________________
Address: ______________________________________________________________________________
Phone: ____________________________ Fax: _______________________ Email: ____________________