



Student ID	Student Last Name, First Name	
Department		Degree Program
Complete and forward the following information to the Faculty of Graduate & Postdoctoral Studies once the External has been approved by Department (Faculty). Please ensure that the Department (or Faculty) has invited the external examiner. For more information, refer to University Calendar Supervisor and Examination Section .		
External Information:		
Name	Institution Name & Mailing Address:	
Position		
Email		
External will		
<ul style="list-style-type: none">• Number of doctoral students supervised (previous and current): _____• Number of final doctoral examining committees served on: _____• If the External does not have a doctoral degree, please explain why he/she is an appropriate External: _____ _____• Has the department, the student, or the supervisor had any association with the proposed External within the last six years? <input type="radio"/> yes <input type="radio"/> No If yes, please describe the association: _____ _____		
Declaration: I attest that the External meets the criteria outlined above.		
Supervisor	Signature	Date (MMM DD, YYYY)
Graduate Coordinator/ Dept Chair	Signature	Date (MMM DD, YYYY)
Dean or delegate (*if required under your Faculty procedures)	Signature	Date (MMM DD, YYYY)