

Approve External Examiner for Final Doctoral Oral Exam

| Faculty of Graduate & Postdoctoral Studies 2-29 TRIFFO HALL | | | Phone: 780.492.3499 Fax: 780.492.0692 https://www.ualberta.ca/graduate-studies/ | | |
|---|--------------------------------|-----------|---|----------------|---------------------|
| Student ID | Student Last Name, First Nam | ne | | | |
| 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 | | | | | |
| 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? O yes O No If yes, please describe the association: | | | | | |
| | | | | | |
| | that the External meets | | utlined above. | | |
| Supervisor | | Signature | | | Date (MMM DD, YYYY) |
| Graduate Coordinator/ Dep | t Chair | Signature | | | Date (MMM DD, YYYY) |
| Dean or delegate (*if required | under your Faculty procedures) | Signature | | | Date (MMM DD, YYYY) |
| | | | | | |

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