



School of Graduate Studies

Appointment of Examiners Form Masters' Degrees

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Student Information			
MUN #:	Last Name:	First Name:	Middle Name:
Anticipated Submission Date:		Academic Unit:	
Thesis/Project/Internship/Folio/Practicum Title:			
External Examiner Information			
Last Name:	First Name:	Title:	
Current Position:	Highest Degree Held:		
Address:			
Telephone:	Fax:	eMail:	
Reason for recommendation (e.g. publications in area, etc.)			
Internal Examiner Information			
Last Name:	First Name:	Title:	
Academic Unit:	eMail:		
Telephone:	eMail:		
Last Name:	First Name:	Title:	
Academic Unit:	eMail:		
Telephone:	eMail:		
Signature of Head of Academic Unit or Delegate			
I recommend the examiners above and confirm that they have agreed to serve in this capacity. I also certify that the examiners have had no involvement with the research/writing of this thesis.			
_____ Signature of Head of Academic Unit:		_____ Date:	

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