



School of Graduate Studies

# Appointment of Examiners Form Doctoral Degrees

Adobe Reader, minimum version 8, is required to complete this form. Download the latest version at <http://get.adobe.com/reader>. (1) Save the form by clicking on the diskette icon on the upper left side of the screen; (2) Ensure that you are saving the file in PDF format; (3) Specify where you would like to save the file, e.g. Desktop; (4) Fill in the required data, save and print the file; (5) Send the completed form to

[School of Graduate Studies](#); Memorial University of Newfoundland; IIC-2012 (Bruneau Centre for Research and Innovation); St. John's, NL A1C 5S7 Canada Fax: 709.864.4702 eMail: [sgs@mun.ca](mailto:sgs@mun.ca)

Student Information			
<b>MUN #:</b>	<b>Last Name:</b>	<b>First Name:</b>	<b>Middle Name:</b>
<b>Anticipated Submission Date:</b>		<b>Academic Unit:</b>	
<b>Thesis Title:</b>			
External Examiner Information			
<b>Last Name:</b>	<b>First Name:</b>	<b>Title:</b>	
<b>Current Position:</b>	<b>Highest Degree Held:</b>		
<b>Address:</b>			
<b>Telephone:</b>	<b>Fax:</b>	<b>eMail:</b>	
<b>Reason for recommendation (e.g. publications in area, etc.)</b>			
<b>Last Name:</b>	<b>First Name:</b>	<b>Title:</b>	
<b>Current Position:</b>	<b>Highest Degree Held:</b>		
<b>Address:</b>			
<b>Telephone:</b>	<b>Fax:</b>	<b>eMail:</b>	
<b>Reason for recommendation (e.g. publications in area, etc.)</b>			
Internal Examiner Information			
<b>Last Name:</b>	<b>First Name:</b>	<b>Title:</b>	
<b>Academic Unit:</b>	<b>eMail:</b>		
<b>Telephone:</b>	<b>eMail:</b>		
<b>Last Name:</b>	<b>First Name:</b>	<b>Title:</b>	
<b>Academic Unit:</b>	<b>eMail:</b>		
<b>Telephone:</b>	<b>eMail:</b>		
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.			
<b>Head of Academic Unit's Signature:</b>		<b>Date:</b>	

Memorial University protects privacy and maintains the confidentiality of personal information. The information requested in this form is collected under the general authority of the Memorial University Act ([RSNL1990CHAPTERM-7](#)). It is required for administrative purposes of the School of Graduate Studies. If you have any questions about the collection and use of this information, please contact the Manager – Enrolment and Strategic Initiatives, School of Graduate Studies, at 709.864.2445 or at [sgs@mun.ca](mailto:sgs@mun.ca).

Updated December 2011