



# Appointment of Examiners - Master's Degrees

Adobe Reader, minimum version 8, is required to complete this form.

Download the latest version: <http://get.adobe.com/reader>.

SCHOOL OF  
GRADUATE STUDIES

1. Fill out the form completely and accurately, and save the form in PDF format.
2. Review <https://www.mun.ca/sgs/how-to-create-and-insert-a-digital-signature/> for instructions on how to digitally sign.
3. Please name the file as follows: Surname, Given Names, Student No. (e.g. Doe, Jane 009876543 - AOE.pdf)
4. Submit the completed form along with the other required documentation to sgs@mun.ca.

Student Information			
Student Number:	Last Name:	First Name:	Middle Name:
Anticipated Submission Date:		Academic Unit:	
Thesis/Project/Internship/Folio/Practicum Title:			
External Examiner Information (optional)			
Last Name:	First Name:	Title:	
Current Position:	Highest Degree Held:		
Department and Institution Name:			
Telephone:	Email:		
Reason for recommendation (e.g. publications in area, etc.)			
Internal Examiner Information			
Last Name:	First Name:	Title:	
Academic Unit:			
Telephone:	Email:		
Last Name:	First Name:	Title:	
Academic Unit:			
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, and I further confirm that this recommendation complies with the <a href="#">guidelines for academic units to use in recommending the appointment of thesis examiners</a> .			
_____		_____	
Head or delegate (e.g. graduate officer)		Date	

Revised: March 12, 2026.