



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

Student Information			
MUN #:	Last Name:	First Name:	Middle Name:
Anticipated Defence Date: 9:30 a.m. Hybrid 12:30 p.m. Remote		Academic Unit:	
Thesis 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.)			
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:			
Last Name:		First Name:	Title:
Academic Unit:		eMail:	
Telephone:			
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 confirm that this recommendation complies with the guidelines for academic units to use in recommending the appointment of thesis examiners .			
Head of Academic Unit's Signature:		Date:	

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