



School of Graduate Studies

# Appointment of Examiners Form Masters' Degrees

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[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/Project/Internship/Folio/Practicum Title:</b>			
External Examiner Information (optional)			
<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 confirm that this recommendation complies with the <a href="#">guidelines for academic units to use in recommending the appointment of thesis examiners</a> .			
_____		_____	
<b>Signature of Head of Academic Unit:</b>		<b>Date:</b>	

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