|  |
| --- |
| NominationS FOR EXTERNAL EXAMINER (DOCTORAL DISSERTATION) |

This completed form should be received by Graduate and Postdoctoral Studies (G+PS) **8 weeks** prior to the intended date of submission of the dissertation for external examination. **To coordinate a submission with particular program end dates or graduation ceremonies, please consult the** [**Doctoral Deadlines**](http://www.grad.ubc.ca/current-students/final-doctoral-exam/doctoral-deadlines) **website.**

Normally the Final Oral Defence takes place a minimum of 6 to 7 weeks after the dissertation has been sent to the external examiner.

Procedure: Please nominate three potential External Examiners. The Graduate Program is responsible for verifying that each nominee satisfies the requirements below. External Examiner nominees should not be contacted by the Candidate, Research Supervisor, or Graduate Program prior to submitting this form to G+PS; G+PS will select and invite the External Examiner.

The completed, signed form can be submitted by email to [graduate.doctoral@ubc.ca](mailto:graduate.doctoral@ubc.ca).

**1. Eligibility Criteria**

Each nominee must be a well-qualified, objective, experienced individual not associated or affiliated with UBC-V or UBC-O. The nominee must:

* Have an established reputation in the area of the dissertation research and be able to judge whether the dissertation is acceptable at a university comparable to UBC.
* Have had previous experience with the supervision and examination of doctoral students.
* Hold the rank of Full, Associate or Emeritus Professor (or equivalent if outside North America) at a university that offers the degree the candidate seeks orhave comparable expertise and standing, if not at a university
* Have not have acted as an External Examiner for a candidate with the Supervisor(s) or any member of the Supervisory Committee in the past 3 years.

2. Arm’s Length Requirements

A person is ineligible to serve as an External Examiner if, with respect to either **the Candidate** or **any member of the Candidate’s Supervisory Committee,** they hold a conflict of interest that may include, but is not limited to:

* a close friend or a relative
* a research collaborator and/or co-author within the past 6 years
* an institutional colleague within the past 6 years
* a former supervisor
* a person who has offered future employment or mentorship to the candidate
* a previous trainee
* a person involved in a dispute
* a person involved in a partnership

**3. Independence of Assessment**

To prevent bias or the perception of bias in the external review, the candidate may not communicate with the external examiner before the defence. Likewise, no one external to G+PS may discuss the dissertation, research, or candidate with the external reviewer at any time before the defence. The research supervisor and/or program may communicate about travel arrangements as applicable. NOTE: The Candidate should not know the identity of the External Examiner until after the dissertation has been submitted to G+PS and transmitted for examination.

4. Participation in the Final Doctoral Oral Defence

G+PS encourages, but does not require, the External Examiner’s participation in the oral defence. The Research Supervisor will be invited to extend an invitation to the nominee to attend the defence (in person or remotely) once G+PS has invited the nominee to serve in the role of External Examiner. Partial reimbursement for transportation expenses is available; please refer to the [Doctoral Examiner Travel Fund](https://www.grad.ubc.ca/sites/default/files/doc/page/docexams_examiner_travel_fund.pdf) for details.

The Candidate's Graduate Program is responsible for making any necessary travel arrangements, reimbursing the visiting External Examiner according to mutually-understood expectations, and requesting partial compensation for eligible expenses from the External Examiner Transport Fund. Please carefully review the details cited above before extending an invitation.

**NominationS FOR EXTERNAL EXAMINER (DOCTORAL DISSERTATION)**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Student Information | | | | | | | | |  | | | | |  | | | |
| Full Name: | | |  | | | | | Student Number: | | | | | | |  |
| Email: |  | | | | | | | Phone: | | |  | | | | |
| Graduate Program: | | | | | |  | | Degree: | | | | PhD  EdD  DMA | | | |
|  | | | | | |  | |  | | | | |  | | | |
| Composition of the Supervisory Committee (Minimum three members. Please leave any extra or irrelevant lines blank.) | | | | | | | | | | | | | | | | | |
| Supervisor: | | | |  | | | | Department: | | | | | |  | |
| Email: | |  | | | | | | Phone: | | |  | | | | |
| Co-Supervisor: | | | | |  | | | Department: | | | | | |  | |
| Email: | |  | | | | | | Phone: | | |  | | | | |
| Committee Member: | | | | | | |  | Email: | |  | | | | | |
| Committee Member: | | | | | | |  | Email: | |  | | | | | |
| Committee Member: | | | | | | |  | Email: | |  | | | | | |
| Committee Member: | | | | | | |  | Email: | |  | | | | | |
| |  |  | | --- | --- | | Grad Program please confirm and check the box: | | |  | I confirm that this committee as listed has been entered into the Supervisory Committee Management Tool and  has received approval from G+PS. |   Dissertation Submission for External Examination | | | | | | | | | | | | | | | | | |
| Expected Date of Submission for External Examination (day/month/year): | | | | | | | | |  | | | | | | |
| Dissertation Title: | | | | | |  | | | | | | | | | |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Nominee 1: | |  | | | | |
| Degrees held: | |  | | | | |
| Current position: | |  | | Institution: | |  |
| Address: | |  | | | | |
| Phone: |  | | E-mail: | |  | |

|  |
| --- |
| **Justification for Nomination**:  Please comment on the relevant qualifications of the nominee by noting field(s) of expertise and achievements, or by listing specific publications that relate to the candidate's research. Attach a separate sheet if necessary. |

1. Eligibility:

Does the nominee meet all of the Eligibility Criteria in Item 1 above?  Yes No

If no, please give detailed reasons for the nomination, using a separate page.

2. Impartiality:

Does the nominee satisfy all of the Arm’s Length Requirements in Item 2 above? Yes No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Nominee 2: | |  | | | | |
| Degrees held: | |  | | | | |
| Current position: | |  | | Institution: | |  |
| Address: | |  | | | | |
| Phone: |  | | E-mail: | |  | |

|  |
| --- |
| **Justification for** N**omination**:  Please comment on the relevant qualifications of the nominee by noting field(s) of expertise and achievements, or by listing specific publications that relate to the candidate's research. Attach a separate sheet if necessary. |

1. Eligibility:

Does the nominee meet all of the Eligibility Criteria in Item 1 above?  Yes No

If no, please give detailed reasons for the nomination, using a separate page.

2. Impartiality:

Does the nominee satisfy all of the Arm’s Length Requirements in Item 2 above? Yes No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Nominee 3: | |  | | | | |
| Degrees held: | |  | | | | |
| Current position: | |  | | Institution: | |  |
| Address: | |  | | | | |
| Phone: |  | | E-mail: | |  | |
| **Justification for** N**omination**:  Please comment on the relevant qualifications of the nominee by noting field(s) of expertise and achievements, or by listing specific publications that relate to the candidate's research. Attach a separate sheet if necessary. | | | | | | |

1. Eligibility:

Does the nominee meet all of the Eligibility Criteria in Item 1 above?  Yes No

If no, please give detailed reasons for the nomination, using a separate page.

2. Impartiality:

Does the nominee satisfy all of the Arm’s Length Requirements Item 2 above?  Yes No

**I have read the instructions and certify that the nominees are academically qualified and at arm's length from the dissertation, the Candidate, and the Supervisory Committee members.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Approval of Research Supervisor: | | | | |
|  |  |  |  |  |
| Signature |  | Name (please print) |  | Date (yyyy/mm/dd) |
| Approval of Graduate Advisor or Head of the Graduate Program: | | | | |
|  |  |  |  |  |
| Signature (must be different from above) |  | Name (must be different from above) |  | Date (yyyy/mm/dd) |

**(Two *different* signatures are required – if the Supervisor is the Graduate Advisor, the Program Head must sign.)**