**Faculty of Mathematics and Science**

# Office of the Associate Dean, Graduate Studies and Research

## Master of Science Appointment of the External Examiner

**Brock University** Niagara Region

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E egenkin@brocku.ca

This form must be submitted to the Office of the Associate Dean (MC D473) at least **six weeks** prior to the expected date of the defence. For additional information, see: [http://www.brocku.ca/university-secretariat/facultyhandbook/section3#\_genIndex93,](http://www.brocku.ca/university-secretariat/facultyhandbook/section3#_genIndex93)

14.8.4 E.

Brock University protects your privacy and your personal information. The personal information requested on this form is collected under the authority of The Brock University Act, 1964, and in accordance with the Freedom of Information and Protection of Privacy Act (FIPPA) for the administration of the University and its programs and services.

Questions about this collection should be addressed to the Director, Faculty of Graduate Studies.

## Student Information

|  |  |
| --- | --- |
| First Name  | Surname  |
| Student Number  | Department  |
| Telephone  | Email  |
| Desired Examination Week  | Date Thesis Submitted  |

**Title of Thesis**

**External Examiners**

Provide a list of three potential external examiners. Please include their name, University, address, contact information (email, telephone, fax), and areas of expertise.

The external examiner must be a recognized authority in the student’s discipline area and be experienced in evaluating theses. The proposed external examiner must be in a position to review the thesis objectively and to provide a critical analysis of the thesis and the oral defence.

It is essential that the external examiner not have a current or previous association with the student, the supervisor, or the graduate program, as this would hinder objective analysis. For example, a proposed examiner who has recently been associated with the student as a research collaborator or co-author would not be eligible. Also, a proposed external must not have recent association with the candidate’s supervisor (as a former student, supervisor, or close collaborator, for instance). A proposed external examiner normally should not be nominated more frequently than once every two years. Prior to the final oral examination, the research supervisor, Graduate Program Director nor the candidate should contact the external examiner. Any contact must be directed to the Office of the Associate Dean, Graduate Studies and Research.

## External Examiner 1

|  |  |  |
| --- | --- | --- |
| Name, University, Address | Contact Information | Areas of Expertise |
|  |  |  |
|  |  |  |
|  |  |  |

**External Examiner 2**

|  |  |  |
| --- | --- | --- |
| Name, University, Address | Contact Information | Areas of Expertise |
|  |  |  |
|  |  |  |
|  |  |  |

**External Examiner 3**

|  |  |  |
| --- | --- | --- |
| Name, University, Address | Contact Information | Areas of Expertise |
|  |  |  |
|  |  |  |
|  |  |  |

Our signatures approve this Master of Science thesis for oral defence.

|  |  |  |
| --- | --- | --- |
| Name (please print) | Signature | Date |
|   |  |   |
|   |  |   |
|   |  |   |

**Delivery Format**

**Please note:** The Dean of Mathematics and Science’s budget no longer has a budget line for Master of Science thesis defences.

Should a supervisor desire to invite an external examiner to the campus, the cost of having the examiner here will be borne by the 2

student’s supervisor or department*.*

Please select one of the following thesis defence delivery formats:

|  |  |  |
| --- | --- | --- |
| Video Conferencing [ ]  | Telephone [ ]  | Brock University  [ ]  |

Account Number (if external examiner comes to Brock University for the defence): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person who will accompany the examiner to the examination room: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of person who will invite the examiner for a meal, and will accompany the examiner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extension: \_\_\_\_\_\_\_\_\_\_\_\_

## Additional Information

Has the thesis (PDF) been sent to egenkin@brocku.ca Y [ ]  N [ ]

Has the thesis (PDF) been sent to Graduate Program Director Y [ ]  N [ ]

Graduate Program Director Signature of Graduate Program Director

Date of Request