



School of Graduate Studies

# Appointment of Examiners Form Doctoral 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			
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:			
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. I confirm that this recommendation complies with the <a href="#">guidelines for academic units to use in recommending the appointment of thesis examiners</a> .			
Head of Academic Unit's Signature:		Date:	

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