

Appointment of Examiners Form

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) Review the [How to create and insert a digital signature](#) webpage for step by step instructions; (5) Fill in the required data and save the file; (6) Send the completed form by email to: sgs@mun.ca.

Student Information			
MUN #:	Last Name:	First Name:	Middle Name:
Anticipated Submission Date:		Academic Unit:	
Thesis/Project/Internship/Folio/Practicum Title:			
External Examiner Information (optional)			
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:	Email:		
Last Name:	First Name:	Title:	
Academic Unit:	Email:		
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 guidelines for academic units to use in recommending the appointment of thesis examiners .			
_____		_____	
Signature of Head of Academic Unit:		Date:	

Memorial University protects privacy and maintains the confidentiality of personal information. The information requested in this form is collected under the general authority of the Memorial University Act ([RSNL1990CHAPTER-7](#)). It is required for administrative purposes of the School of Graduate Studies. If you have any questions about the collection and use of this information please contact the School of Graduate Studies at 709.864.2445 or sgs@mun.ca.