

APPLICATION FOR EXTERNAL EXAMINER APPROVAL

STUDENT INFORMATION:

FirstName:		LastName:	
E-mail		ID#	
Address		Degree	
City		State	
		Zip Code	
		Major Area:	
Country		Date	

NAMES OF PROSPECTIVE EXTERNAL EXAMINERS:

(**A copy of the external examiner's curriculum vitae must accompany this form**.)

Last	First	(Affiliation, e-mail address and phone number)

Has the candidate had any previous relationship with the proposed External Examiner:
If "Yes" what was the nature of the candidate's relationship to the External Examiner?

☐ Yes ☐ No

Last	First	(Affiliation, e-mail address and phone number)

Has the candidate had any previous relationship with the proposed External Examiner:
If "Yes" what was the nature of the candidate's relationship to the External Examiner?

☐ Yes ☐ No

Last	First	(Affiliation, e-mail address and phone number)

Has the candidate had any previous relationship with the proposed External Examiner:
If "Yes" what was the nature of the candidate's relationship to the External Examiner?

☐ Yes ☐ No

Dissertation Chair's Signature

Date

THE FOLLOWING INDIVIDUAL HAS BEEN APPROVED BY THE DEAN OF THE COLLEGE TO SERVE AS AN EXTERNAL EXAMINER

First Name		LastName	
Position			
Institution			

APPROVAL

College Dean

Date