

**APPLICATION FOR EXTERNAL EXAMINER**

FirstName:  LastName:

E-mail  ID#

Address  Degree

City  State  Zip Code  Major Area:

Country  Date

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**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:  Yes  No  
If "Yes" what was the nature of the candidate's relationship to the External Examiner?

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If "Yes" what was the nature of the candidate's relationship to the External Examiner?

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\_\_\_\_\_  
Dissertation Chair's Signature

Date

**THE FOLLOWING INDIVIDUAL HAS BEEN APPROVED BY THE DEAN OF THE SCHOOL OF EDUCATION TO SERVE AS AN EXTERNAL EXAMINER**

First Name  LastName

Position

Institution

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**APPROVAL**

\_\_\_\_\_  
Dean, School of Education

Date