



Student ID	Student Last Name, First Name		
Department	Degree Program	Specialization (if any)	

Complete and forward the following information to the Faculty of Graduate Studies and Research once the External has been approved by Department (Faculty). Please ensure that the Department (or Faculty) has invited the external examiner. For more information refer to University Calendar [Section 204.3 Conduct of Examinations](#), [Section 204.7 Doctoral Degrees](#) and Graduate Program Manual [Section 8](#).

**External Information:**

Name:	Institution Name & Mailing Address:
Position:	
Email:	
External will:	

- Number of doctoral students supervised (previous and current): \_\_\_\_\_
- Number of final doctoral examining committees served on: \_\_\_\_\_
- If the External does not have a doctoral degree, please explain why he/she is an appropriate External:  
 \_\_\_\_\_  
 \_\_\_\_\_
- Has the department, the student, or the supervisor had any association with the proposed External within the last six years?  yes  No If yes, please describe the association:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Declaration: I attest that the External meets the criteria outlined above.**

Name of Supervisor	Signature (digital or hand-written)	Date (MM/DD/YYYY)
Name of Graduate Coordinator/ Dept Chair	Signature (digital or hand-written)	Date (MM/DD/YYYY)
Name of Dean or delegate (*if required under your Faculty procedures)	Signature (digital or hand-written)	Date (MM/DD/YYYY)

Personal information on this form is collected under the authority of Section 33(c) of Alberta's *Freedom of Information and Protection of Privacy Act* for authorized purposes including admission and registration; administration of records, scholarships and awards, student services; and university planning and research. Students' personal information may be disclosed to academic and administrative units according to university policy, federal and provincial reporting requirements, data sharing agreements with student governance associations, and to contracted or public health care providers as required. For details on the use and disclosure of this information call the Faculty of Graduate Studies and Research at 780-492-3499 or see <http://www.ipa.ualberta.ca/>

<b>Department use only:</b>	<b>Faculty of Graduate Studies and Research use only:</b>
<input type="radio"/> Notified External	Emp ID#: _____ <input type="radio"/> Committee created <input type="radio"/> Extension <input type="radio"/> Registration SCN _____
	Signature & Date _____