

KILLAM CENTRE FOR ADVANCED STUDIES
 2-29 TRIFFO HALL

Phone: 780.492.3499 Fax: 780.492.0692
<https://www.ualberta.ca/graduate-studies/>

Student ID	Student Last Name, First Name
Department	Degree Program

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 [Supervisor and Examination Section](#).

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.

Supervisor	Signature	Date (MMM DD, YYYY)
Graduate Coordinator/ Dept Chair	Signature	Date (MMM DD, YYYY)
Dean or delegate (*if required under your Faculty procedures)	Signature	Date (MMM DD, YYYY)

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Department use only: <input type="radio"/> Notified External	Faculty of Graduate Studies and Research use only: SCN _____	Signature & Date
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