**Department of Epidemiology, Biostatistics and Occupational Health**

**Nomination of Thesis Examiners Worksheet: Ph.D. Students**

*Both supervisor and student should work together in completing this worksheet*

Please type this form

| **Name** Last/First |       | **McGill ID**       |
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| **This worksheet must be completed NO LATER THAN TWO MONTHS before the intended submission of thesis and be submitted along with a copy of the thesis abstract to the Students Affairs Office (SAO).** Please do not complete the official form posted on the GPS website until your selection of names has been reviewed, approved, and an external examiner has been secured by the department.**INTERNAL EXAMINER – submit two names**Usually chosen from members of the Department with expertise in the subject area of the thesis. The **supervisor** must contact **both proposed internal examiners** and secure from them a commitment (by email) that they are willing to serve in this capacity.**EXTERNAL EXAMINER – submit up to four, but at least two, names in a ranked order**The **external examiner** must hold a Ph.D. degree, or equivalent, and should be from outside McGill. The proposed **external examiners** should have demonstrated epidemiologic and/or biostatistical expertise, as well as expertise in the substantive area of the thesis.  Please clearly indicate their qualifications and your main reasons for choosing them. The Program Committee designate will validate the appropriateness of the proposed choices.In order to minimize any real or perceived conflicts of interest, **the Department will contact the external examiner once approved** to secure his/her commitment to evaluate the thesis. The student or supervisor should NOT contact any of the proposed external examiners.**PHD ORAL DEFENSE COMMITTEE**There is an additional requirement that you propose the names of **two internal members** and **two external members** for the Oral Defense Committee (see pages 6 and 7 of this worksheet). You do not need to contact these individuals. **Please note that the Conflict of Interest guidelines below also apply to the members of the Ph.D. Oral Defense Committee.****CONFLICT OF INTEREST – EXTERNAL EXAMINER**External examiners (including the external member on the Oral Defense Committee for a doctoral candidate) must be perceived to be able to examine the student and the thesis at arm's length, free of conflict of interest from any source. The test of whether or not a conflict of interest might exist is whether a reasonable outside person could consider that a situation could give rise to an apprehension of bias. The candidate's unit\* must take reasonable steps to avoid recommending an examiner whose relationship with the candidate, the supervisor, or their research could be seen as jeopardizing an impartial judgment on the thesis. Any individual asked to examine a thesis must declare possible sources of conflict. The following checklist, while not exhaustive, itemizes situations that could represent conflict of interest, and thus need to be declared and generally avoided. It is the responsibility of the unit\* (student's supervisor, chair or designate) to complete this checklist in consultation with the nominated examiner and provide it to the Thesis Office along with the Nomination of Examiners form.**An answer of YES to any question would normally exclude this individual as an examiner**. Address any queries to the Thesis Office. |
| * Have you co-authored or otherwise carried out research in collaboration with the student or the supervisor (within the last five years)? Yes or No
* Do you knowingly have a financial interest in an entity that could benefit from the thesis research? Yes or No
* Have you previously read the thesis, or parts of it, or evaluated the student's thesis research (e.g., as an advisor, as a supervisory committee member, evaluator for progress tracking)? Yes or No
* Have you previously examined or been examined by the student's supervisor (within the last five years), e.g., the former student or former supervisor of the student's supervisor? Yes or No
* Do you have a former or pending affiliation with the student's academic unit\* (within the last five years); e.g., graduated from the same academic program or been offered an academic appointment in the unit\*? Yes or No
* Have you held an academic appointment at McGill within the last five years? Yes or No
* Have you engaged in (or intend to engage in) discussions/negotiations with student or supervisor relating to future employment or supervision? Yes or No
* Do you have a personal or financial relationship to the student or the supervisor? Yes or No

Relationships that might appear to have a conflict of interest include:* + A past or present spouse or partner
	+ A close family member
	+ A past or present business partner
* Have you engaged in other activities that could be interpreted as conflict of interest? (please specify)
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|       |
| **McGill Email:** |       |
| **Program** | [ ]  Epidemiology [ ]  Biostatistics [ ]  Occupational Health | Date began in program:      Month/Year |
| **Supervisor** Full Name/Title |       | Email |       |
| Mailing Address |       | Phone |       |
| Fax |       |
| **Co-Supervisor** Full Name/Title |       | Email |       |
| Mailing Address |       | Phone |       |
| Fax |       |
| **Thesis Advisory Committee**Full Name/Title | University/Department | Email |
|       |       |       |
|       |       |       |
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| **Thesis Title****A draft copy of thesis abstract MUST be submitted with this form, please include the title and your name on the draft** |
|       |
| Manuscript Based Thesis: No [ ]  | Yes [ ]  If yes refer to [www.mcgill.ca/gps/students/thesis/guidelines/preparation/#manu](http://www.mcgill.ca/gps/students/thesis/guidelines/preparation/%23manu) | Approximate number of pages: |       | Expected dateof submission: |       |
| dd / mmm / yyyy |
| **Signatures** |
| Student |  | Date       |
| Supervisor |  | Date       |
| Co-Supervisor |  | Date       |
| **Supervisor’s Acknowledgment** | **Initial Here** |
| To my knowledge **no conflict of interest**, as specified on page 1, exists between any of the nominees listed below and the student, or any of the nominees and I, nor have any of them been involved in the planning, execution, analysis, or supervision of the thesis project. |  |
| I have communicated with both persons nominated as Internal Examiners and both have agreed they would be willing to read the thesis. (**Attach email commitments to form.)** If thesis is written in French, supervisor must inform both proposed internal examiners of this. |  |
| I understand that, once the external examiner has been secured by the Department, there is to be no contact with him/her concerning the student and/or the thesis. |  |
| **Office use only** | **Reviewed by** | **Date** |
| Please give as unique an appraisal as you can of each examiner so as to avoid too close a similarity in describing their areas of expertise. This will enable the departmental reviewers to better distinguish each examiner's credentials. **Be sure to supply a street address for other universities.**  Do not submit postal addresses, e.g. "CP (Casier Postal or Box No.) 6128, Succ. Centre-Ville" is a postal address, not a street address. Theses are delivered by couriers who require the full name of the department, street address, floor and/or room number, city and postal code. If unable to obtain coordinates for your nominees using the internet, please seek the general information number of the institution and ask the operator for coordinates. |
| **Proposed Internal Examiners** |
| **Proposed Internal Examiner 1** | Full Name/Title |       | Email |       |
| Mailing Address |       | Phone |       |
| Fax |       |
| Does the nominee have a Ph.D.? Yes [ ]  No [ ]  |
| Main Reason For Choice/Expertise |
|       |
| **Office use only** | **Recommend as examiner to GPS Yes** **[ ]  No** **[ ]**  |
|  |
| **Proposed Internal Examiner 2** | Full Name/Title |       | Email |       |
| Mailing Address |       | Phone |       |
| Fax |       |
| Does the nominee have a Ph.D.? Yes [ ]  No [ ]  |
| Main Reason For Choice/Expertise |
|       |
| **Office use only:** | **Recommend as examiner to GPS Yes [ ]  No [ ]**  |
|  |
| **Proposed External Examiners** |
| **Proposed External Examiner 1** | Full Name/Title |       | Email |       |
| Mailing Address |       | Phone |       |
| Fax |       |
| Does the nominee have a Ph.D.? Yes [ ]  No [ ]  |
| Main Reason For Choice/Expertise |
|       |
| **Conflict of Interest Yes [ ]  No [ ]**  |
| **Office use only:** | **Recommend as examiner to GPS Yes [ ]  No [ ]**  |
|  |
| **Proposed External Examiner 2** | Full Name/Title |       | Email |       |
| Mailing Address |       | Phone |       |
| Fax |       |
| Does the nominee have a Ph.D.? Yes [ ]  No [ ]  |
| Main Reason For Choice/Expertise |
|       |
| **Conflict of Interest Yes [ ]  No [ ]**  |
| **Office use only:** | **Recommend as examiner to GPS Yes [ ]  No [ ]**  |
|  |
| **Proposed External Examiner 3** | Full Name/Title |       | Email |       |
| Mailing Address |       | Phone |       |
| Fax |       |
| Main Reason For Choice/Expertise |
|       |
| **Conflict of Interest Yes [ ]  No [ ]**  |
| **Office use only:** | **Recommend as examiner to GPS Yes [ ]  No [ ]**  |
|  |
| **Proposed External Examiner 4** | Full Name/Title |       | Email |       |
| Mailing Address |       | Phone |       |
| Fax |       |
| Main Reason For Choice/Expertise |
|       |
| **Conflict of Interest Yes [ ]  No [ ]**  |
| **Office use only:** | **Recommend as examiner to GPS Yes [ ]  No [ ]**  |
|  |
| **Ph.D. Oral Defense Committee** |
| **Potential names of INTERNAL MEMBERS to serve on Ph.D. Oral Defense Committee**Provide the names of two persons, internal to the Department, who could serve on the student’s Oral Defense Committee. **The names must be different from those you have suggested as internal thesis examiners.** Please ensure that the persons you recommend have expertise in the area of the thesis, or as closely related to the area as possible. |
| **Potential Oral Defense Internal 1** | Full Name/Title |       | Email |       |
| Mailing Address |       | Phone |       |
| Fax |       |
| Does the nominee have a Ph.D.? Yes [ ]  No [ ]  |
| Main Reason For Choice/Expertise |
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| **Conflict of Interest Yes [ ]  No [ ]**  |
| **Office use only:** | **Recommend for Oral Defense Yes [ ]  No [ ]**  |
|  |
| **Potential Oral Defense Internal 2** | Full Name/Title |       | Email |       |
| Mailing Address |       | Phone |       |
| Fax |       |
| Does the nominee have a Ph.D.? Yes [ ]  No [ ]  |
| Main Reason For Choice/Expertise |
|       |
| **Conflict of Interest Yes [ ]  No [ ]**  |
| **Office use only:** | **Recommend for Oral Defense Yes [ ]  No [ ]**  |
|  |
| **Potential names of EXTERNAL MEMBERS to serve on Ph.D. Oral Defense Committee** Provide the names of two persons, external to the Department, who could serve on the student’s Oral Defense Committee. **The names must be different from those you have suggested as external thesis examiners.** Please ensure that the persons you recommend have expertise in the area of the thesis, or as closely related to the area as possible.**Associate members, lecturers, and adjunct professors of the department are not eligible to serve as external members. If you are not sure, please email our office and we will verify the status of a potential member.****Please note that the thesis supervisor is responsible for reimbursing travel expenses of the external member on the Ph.D. Oral Defense Committee.** |
| **Potential Oral Defense External 1** | Full Name/Title |       | Email |       |
| Mailing Address |       | Phone |       |
| Fax |       |
| Main Reason For Choice/Expertise |
|       |
| **Conflict of Interest Yes [ ]  No [ ]**  |
| **Office use only:** | **Recommend for Oral Defense Yes [ ]  No [ ]**  |
|  |
| **Potential Oral Defense External 2** | Full Name/Title |       | Email |       |
| Mailing Address |       | Phone |       |
| Fax |       |
| Main Reason For Choice/Expertise |
|       |
| **Conflict of Interest Yes [ ]  No [ ]**  |
| **Office use only:** | **Recommend for Oral Defense Yes [ ]  No [ ]**  |