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

**Nomination of Thesis Examiners Worksheet: M.Sc. Students**

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

Please type this form

| **Name** Last/First | |  | | | | | | **McGill ID** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **This worksheet must be completed NO LATER THAN TWO MONTHS before 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. An internal examiner is not required for Master’s thesis.  **EXTERNAL EXAMINER – submit up to four, but at least two, names in a ranked order**  The **external examiner** must be a scholar of established reputation and competence but not necessarily in the precise field of the thesis research. The choice of an external examiner is normally from within the University and may be within or outside the department. Where it is not possible to nominate external examiners from within McGill, an external examiner from outside the university may be nominated. 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.  **CONFLICT OF INTEREST – EXTERNAL EXAMINER**  External examiners 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 an apprehension of bias exists. 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 supervisor 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 * 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 | | | | | | Expected date of submission:  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** | | | | | | | | | |
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| 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) | | | | | | | Expected date of submission:  Day / Month / Year | | |
| **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 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 reviewer 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 a courier who requires: 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 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** | | | | | | |
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| **Proposed External Examiner 3** | 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** | | | | | | |
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| **Proposed External Examiner 4** | 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** | | | | | | |