



Faculty of Graduate Studies External Examiner's Confirmation of Arm's-Length Status

Faculty of
**GRADUATE
STUDIES**
Thinking
Outside the box

Student's Name: _____
Academic Unit: _____

Student Number: _____
Degree & Program: _____

Examining Committee

(Co)-Supervisor: _____

Co-supervisor or Member: _____

Academic Unit Member: _____

Academic Unit Member: _____

UVic Non-unit Member: _____

Additional Member: _____

External Examiner: _____

Please mark yes or no for each of the following questions:

1. Has the external examiner had a current or recent family or close personal relationship with the student or any of the committee members? Yes No
2. Has the external examiner recently been, or expect to soon become, employed by the department? Yes No
3. Has the external examiner ever been in a supervisory relationship with the student or the supervisor? Yes No
4. Has the student or supervisor recently been in, or expect to soon enter into, a business, employment or research relationship with the external examiner? Yes No
5. Is there a current or recent active close collaborative research relationship between the external examiner and the student or the supervisor? Yes No

Comments and Explanations

By signing this form, I verify that the person I have nominated to serve as this student's external examiner is eligible to serve in this role, based on the criteria above

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Name

Signature

Date

Please return this form by email to fgssec1@uvic.ca (with digital signature)*

**if you cannot send a digital signature, please fax this form to (250) 721-8957*