



Faculty of Graduate & Postdoctoral Studies
2-29 TRIFFO HALL

Phone: 780.492.3499 Fax: 780.492.0692
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 & Postdoctoral Studies 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 & Postdoctoral Studies use only: SCN _____	Signature & Date
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