



UNIVERSITY OF
WATERLOO

FACULTY
OF HEALTH

PhD Proposed Thesis Examination Board

Ccprf kfcg _____

student ID _____

Der ctvo gpy _____

Date admitted to PhD _____

Date comprehensive examination(s) completed _____

Thesis title

Proposed examining committee:

Department:

(Supervisor or co-supervisors)

(Internal/external/internal to university/external to faculty)

(Member)

(Member)

(Member)

Suggested external examiners

First choice

Name _____

Rank _____

Department and institution _____

The Approval of External Examiner Template about the proposed external examiner, including their full written "note"

*CV+ must be sent to the Faculty Graduate Administrator for the approval process to proceed. An abstract of the thesis must also be submitted. All must be submitted electronically.

Alternate choices

2. Name _____

Rank _____

Department and institution _____

3. Name _____

Rank _____

Department and institution _____

Graduate Officer's approval _____

Date _____