UNBC UNIVERSITY OF NORTHERN BRITISH COLUMBIA

Master's Request for Oral Examination and Appointment of an External Examiner

Form: GR 321

Effective September 1, 2015:
PARTICIPANT REQUIREMENT
A minimum for attending defence will be the student, the Supervisor, the Chair and one committee member (regulation 4.5.2) So please choose date that accommodates required participation.

Office of Graduate Programs
University of Northern British Columbia
3333 University Way, Prince George, BC V2N 4Z9
Phone: (250) 960-5244 **Fax:** (250) 960-5362
Web: www.unbc.ca/graduate-programs

***THIS FORM TOGETHER WITH 2 COPIES OF YOUR* THESIS / PROJECT MUST BE SUBMITTED TO THE OFFICE OF GRADUATE PROGRAMS 6 WEEKS PRIOR TO THE REQUESTED DEFENCE DATE.**

Student's Name (printed):		Student #:	
Phone Number:		UNBC E-mail:	
Graduate Program and Degree:			
Date Requested for Examination (i.e. October 9, 2014		Time Requested (2 hour block i.e. 9:00am to 11:00am):	
Defence Location:	PG Campus	Regional Campus (please specify):	
Type of Oral Examination:	[ ] Thesis	[ ] Project	[ ] Practicum

Supervisor: Please indicate if this is to be a ***restricted thesis** [ ]
* As per the definition in the UNBC Formatting Guidelines for Dissertations, Theses, Projects and Practicum Reports.
www.unbc.ca/graduate-programs

Office of Graduate Programs will book AV Equipment needs for day of defence.

Please indicate if you require anything special for Audio Visual Equipment:

Practice Runs for Student

To be booked by Student and/or through their supervisor, minimally two days prior to defence.

Please note the practice run to to ensure the electronic set up of equipment will run **but does not** negate the need for the Office of Graduate Programs (OGP) to have:
A FINAL COPY OF PPT PRESENTATION TO BE SUBMITTED TO OGP, TWO DAYS BEFORE ACTUAL DEFENCE DATE

Certification of Readiness and Attendance for Examination

Declaration from the Supervisory Committee: "We, certify that the thesis represents an examinable document for the degree requirements as submitted."

Supervisor:_____ (Please print name below signature and the name of one program affiliation)	**Attendance:** ☐ In person ☐ Teleconference ☐ Provide # below	**Date:**	**E-mail:**
Co-Supervisor:_____ (Please print name below signature and the name of one program affiliation)	**Attendance:** ☐ In person ☐ Teleconference ☐ Provide # below	**Date:**	**E-mail:**

Signature Member:_____ (Please print name below signature and the name of one program affiliation)	**Attendance:** ☐ In person ☐ Teleconference ☐ Provide # below	**Date:**	**E-mail:**
Signature Member:_____ (Please print name below signature and the name of one program affiliation)	**Attendance:** ☐ In person ☐ Teleconference ☐ Provide # below	**Date:**	**E-mail:**
Signature Member:_____ (Please print name below signature and the name of one program affiliation)	**Attendance:** ☐ In person ☐ Teleconference ☐ Provide # below	**Date:**	**E-mail:**
Signature Student:_____		**Date:**	**E-mail:**

Information Required to Attend Via Teleconference

It is expected that all members will be at the defence in person, or minimum noted on page one. If this is not the case, please contact the Graduate Programs Office at grad-office@unbc.ca or indicate aqbove who will be attending by teleconference. (Preferably a landline phone and not a cell phone number)

If the telephone number is outside Canada, or the USA, provide the program or faculty six-digit long distance code for the call to be charged: _____

Provide a list of questions with anticipated answers for the candidate to the Office of Graduate Programs at LEAST 2 WORKING DAYS PRIOR to the defence date.

Declaration: "If my request to participate via teleconference is approved by the Dean of Graduate Programs, and there is a technical situation which results in the loss of my participation by teleconference, I declare that I will accept the thesis/dissertation evaluation result agreed to by the members of the Examining Committee who are present at the defence.

Committee Member's Signature(s) Date

Recommended External Examiner (All Areas Mandatory to Complete)

Qualifications of the External Examiner

External Examiners should be an experienced and well-qualified expert. Examiners should have established reputations in the area of the thesis research, and should be able to judge whether a thesis is acceptable at a university comparable to UNBC. If they are at UNBC they must be from outside the program area and have no previous involvement with the student or the thesis research. They should be at the Associate or full Professor rank if they are at a University, or be of comparable stature if they are not at a University. If an Assistant Professor, or someone from outside UNBC, is being recommended a short biography should be attached (a CV is not appropriate).

Contacting the External Examiner

The supervisor (not the student) **must** make contact with the proposed external examiner to ensure that he or she is willing to be the External, and able to attend in-person* or via a conference call for the specific date/time proposed for the defence. The supervisor should also make it clear to the external examiner that their name has been "*recommended"* to the Dean of Graduate Programs and is subject to approval. Do not email an electronic copy or send a hard copy of the student's thesis to the proposed External Examiner as he/she is not officially approved yet.

* If in-person, the supervisor is responsible for finding funds to pay the costs associated as the Office of Graduate Programs does not have the budget monies to do so.

Personal Contact with the External Examiner

To ensure that arm's length, independent review is possible the external examiner should not have no past (previous 5 years) current or planned involvement or association with the student or the thesis research.

Any student contact initiated by the External Examiner should be redirected either to the Office of Graduate Programs or to the student's Supervisor. The thesis supervisor should not communicate the views of the external examiner to the student prior to the defense.

Legal Name (printed): _____

Academic Qualification (degree): _____

Phone #: _____ E-mail: _____

Position/Rank (e.g. Assoc. Prof) & Program/Department: _____

Name of University (if at a University): _____

If not associated with a University, please indicate place of employment: _____

_____

Complete Mailing address: _____

_____

Office of Graduate Programs - Office Use Only

[ ] Proposed External Examiner has not taught student in the last 5 years.

[ ] Proposed External Examiner is not from student/supervisor's degree/program

Approval of External Examiner: _____

Dean of Graduate Programs (or designate)