

QUEEN'S UNIVERSITY AT KINGSTON
DEPARTMENT OF MATHEMATICS AND STATISTICS

Ph.D. Thesis Examining Committee Selection and Scheduling Form

STUDENT:	SUPERVISOR:
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FINAL ORAL EXAMINATION

Students and supervisors should review both section 1.2.7 of the departmental booklet, *Graduate Programs and Guidelines*, and the School of Graduate Studies and Research website <http://www.queensu.ca/sgs/current-students/degree-completion> for information and instructions about degree completion.

SCHEDULING THE EXAMINATION New Revised

Exam date*: _____ Time*: _____ Room(TBA) : _____

Date by which the thesis will be distributed to examiners (exam date + 25 working days): _____

Thesis title: _____

***By signing below you are confirming that the proposed examiners have been consulted and have agreed to the proposed defense date and time.**

THE EXAMINING COMMITTEE New Revised

We propose that the following faculty members serve as the voting members of the Oral Thesis Examining Committee:

Proposed Examiners*	Name	Affiliation
Supervisor		<i>Mathematics and Statistics</i>
Co-Supervisor		<i>Mathematics and Statistics</i>
A member from the department		<i>Mathematics and Statistics</i>
*A member from another department from within the same Division		
*An expert in the field from outside Queen's University		Website:

***By signing below the student and the supervisor are confirming that a conflict of interest does not exist between them and examiners listed above. Examples of conflict of interest could include the following: co-authorship on manuscripts that form part of the thesis or, in the case of the supervisor, co-authorship with the external examiner within the last five years; a personal or family relationship; offer of employment such as a postdoctoral position; vested interest in the thesis/research for personal/financial gain. Potential conflicts must be reported to the Dean of the Graduate School for a decision on whether or not the person with whom the potential conflict exists can serve on the examining committee.**

DATE

SIGNATURE OF STUDENT

DATE

SIGNATURE OF SUPERVISOR

DEPARTMENTAL APPROVAL

- committee approved
- committee rejected

DATE

SIGNATURE OF GRADUATE COORDINATOR

Head's Delegate: _____