

SCHOOL OF GRADUATE STUDIES

## Doctoral Thesis Examining Committee Form

This form must be filled out by the PhD candidate preparing their initial submission, approved by the candidate's Graduate Program Director, and sent in to the Thesis Office by email at [thesis@concordia.ca](mailto:thesis@concordia.ca) **no later than 6 weeks prior to the defence date (not including university closure)**. The initial submission email must contain this form, the PDF/A version of the thesis, a DOCX version of the Abstract, the candidate's CV and the External Examiner's CV.

Student ID:

Student Name:

Thesis

Title:

Program:

Room:

Defence Date:

Time:

| Committee Members    | Name (First and Last) | Department | Email Address | Voting Member            |
|----------------------|-----------------------|------------|---------------|--------------------------|
| Chair                |                       |            |               |                          |
| Supervisor           |                       |            |               | <input type="checkbox"/> |
| Co-Supervisor*       |                       |            |               | <input type="checkbox"/> |
| Arms-Length Examiner |                       |            |               | <input type="checkbox"/> |
| Examiner             |                       |            |               | <input type="checkbox"/> |
| Examiner             |                       |            |               | <input type="checkbox"/> |
| External Examiner    |                       |            |               | <input type="checkbox"/> |

*\*In cases of an external co-supervisor (including cotutelles), the Concordia co-supervisor will be the voting member. This designation should be indicated on this form.*

External Examiner University/Organization:

External Examiner Address:

### For a thesis containing confidential information or potential Non-disclosure requirement

If your thesis contains confidential information and/or the student, supervisor, or committee needs to sign a non-disclosure form, please check the box below and contact the School of Graduate Studies for the forms for confidential information / non-disclosure.

☐ My work contains confidential material. I understand that the student, supervisor, committee, and chair need to sign the non-disclosure form 6 weeks prior to the defence date.

### Acknowledgments and Signatures

- ☐ I understand that the initial submission of my thesis to the Thesis Office indicates that it is suitable to be officially and formally examined by the Examining Committee as is appointed by my department/faculty.
- ☐ I received consent from my supervisor(s) to submit my initial thesis to the Thesis Office.
- ☐ I understand that the initial submission of this form is in accordance with the rules and regulations of the Academic Calendar and university policies in general.
- ☐ I am familiar with the Academic Code of Conduct at Concordia University and I understand the potential consequences should my thesis be found to contain plagiarized content or violate this policy in any other way. I further confirm that the research contained in this thesis is compliant with Concordia's policies on Research Ethics (VPRGS-3, VPRGS-13) and Intellectual Property (VPRGS-9) as appropriate.

This form will not be considered valid unless signed by the Graduate Program Director:

Student Signature:

Graduate Program Director Name:

Graduate Program Director Signature: