

## Request for Thesis Examination Committee

Date:

At the advisory committee meeting held \_\_\_\_\_, the following Examining Committee was proposed:

1. Student's Name:
2. Graduate Program (MSc or PhD):
3. Tentative Title of Thesis:
4. Brief Thesis Description:

5. Supervisor:
6. GSR:
7. Advisory Committee Members:
8. Recommended Examiners:

		Name & Affiliation	Area of Expertise
<b>Program</b>	#1		
	#2		
	Alternates		
<b>University</b>	Primary		
	Alternate		
<b>Extra-University</b>	Primary		
	Alternate		

\*\*Please complete and submit with Conflict of Interest Declaration (P. 2) if applicable.

## GRADUATE PROGRAM IN PHYSIOLOGY AND PHARMACOLOGY CONFLICT OF INTEREST DECLARATION FOR THESIS AND COMPREHENSIVE EXAMINERS

The GSR must indicate the existence of a potential conflict of interest with a proposed Examiner if any of the following apply to the relationship between the examiner and either the Supervisor (or co-supervisor) and/or the student to be examined.

**Name of proposed examiner:**

Has the proposed examiner, within the last five years:

	YES
Co-authored one or more publications	
Collaborated on one or several research projects (including current collaborations)	
Been a co-applicant or co-investigator in one or several research grants (funded or pending)	

If any of the above was checked “YES”, please provide details below.

The Graduate Studies Committee reserves the right to make a final decision regarding approval of the proposed examiner as Examining Board member, based on the information provided.