

Return the form below to Ancil Gittens, either by fax (514-398-5069), scanned e-mail attachment to ancil.gittens@mcgill.ca, in person or by mail to Ancil Gittens, Department of Biology, Stewart Biology Bldg, Rm. N7/18B, 1205 Ave. Dr. Penfield, Montreal, QC H3A 1B1

Thesis Defense Committee: Member Nomination Form

The form is to be completed for the Ph.D. Thesis Defense. The Committee for the Defense will consist of the Supervisor(s), the Chairman, the Internal Examiner of the thesis, and two other members. Six names must be submitted, listed in order of preference, including two who are neither members nor associate members of Biology. Include institute name if they are not from McGill. **Defense Committee members cannot be members of the student's Supervisory Committee and one of them must be from outside the Department (but within the Montreal area). There should be no conflict of interest between the candidate and other members of the Oral Defense Committee (e.g. co-authorship, supervision of any kind); see <http://www.mcgill.ca/gps/students/thesis/guidelines/thesis-submission#conf> for details. Anyone previously nominated as an External Examiner may not be nominated here.**

Please suggest a two-week span of time for scheduling the Defense. The defense takes place only **after** a passing grade is returned to McGill from the examiners. This is usually 6 weeks after initial thesis submission, but may be later. To allow sufficient interval time for setting up the oral defense committee and to allow new committee members time to receive and read the thesis please return this form 6 weeks before you plan to have the oral defense.

Student Name: _____ Supervisor(s): _____

SC Members: _____, _____,

Thesis Title: _____

Suggested Members

1. _____ Tel _____ Email _____

Reason for selection: _____

2. _____ Tel _____ Email _____

Reason for selection: _____

3. _____ Tel _____ Email _____

Reason for selection: _____

4. _____ Tel _____ Email _____

Reason for selection: _____

5. _____ Tel _____ Email _____

Reason for selection: _____

6. _____ Tel _____ Email _____

Reason for selection: _____

I have read and understand the conflict of interest guidelines regarding nomination of committee members: Yes _____
No _____

SUPERVISOR'S SIGNATURE: _____ DATE: _____