

School of Graduate Studies Conflict of Interest Statement for External Examiners

University of Lethbridge ID Number

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Today's Date

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Student Information

Surname: _____	Given Name(s): _____
Degree: _____	Date of Defence: _____
(Co) Supervisor Name: _____	(Co) Supervisor Name: _____

Conflict of Interest Statement

The proposed External Examiner must declare a conflict of interest if any of the following apply to their relationship with the (co) supervisor and/or student.

Within the last five (5) years:

Yes No

Co-authored a publication or collaborated on a research project

Co-authored on a grant

Is a current or former student, postdoctoral fellow, or research supervisor

Is a member of the same University

Is:

Yes No

A current or former employee/employer

A relative

A current or former spouse

A former student

In a business relationship

A postdoctoral fellow or research supervisor of either the student or (co) supervisor

Has a personal relationship that could be deemed a conflict of interest

In any other position that would create a perceived conflict of interest

If you checked **Yes** to any of the above, please provide further details in an attached document. The Dean of the School of Graduate Studies reserves the right to make a final decision based on the information provided.

External Examiner Signature

Your signature indicates that the information contained in this form is true and correct to the best of your knowledge, information and belief.

External Examiner Name: _____

Signature: _____ **Date:** _____

Submit completed form to School of Graduate Studies Office (B610 or sgs@uleth.ca)

Office Use Only (Final Approval)

School of Graduate Studies Dean Name: _____

Signature: _____ **Date:** _____

The personal information on this form is collected pursuant to the *Post-secondary Learning Act* and the *Freedom of Information and Protection of Privacy Act* to process and release documents required for student awards and financial support applications. For questions on the collection, use and disclosure of this information, please contact the University's FOIP Coordinator at 4401 University Drive, Lethbridge, AB T1K 3M4; foip@uleth.ca; 403-332-4620.