



College of Education and International Services

APPLICATION FOR EXTERNAL EXAMINER

FirstName: LastName:
 E-mail: ID#:
 Address: Degree:
 City: State: Zip Code: Major Area:
 Country: Date:

NAMES OF PROSPECTIVE EXTERNAL EXAMINERS:
 (**A copy of the external examiner's curriculum vitae must accompany this form**.)

 Last First (Affiliation, e-mail address and phone number)

Has the candidate had any previous relationship with the proposed External Examiner: Yes No
 If "Yes" what was the nature of the candidate's relationship to the External Examiner?

 Last First (Affiliation, e-mail address and phone number)

Has the candidate had any previous relationship with the proposed External Examiner: Yes No
 If "Yes" what was the nature of the candidate's relationship to the External Examiner?

 Last First (Affiliation, e-mail address and phone number)

Has the candidate had any previous relationship with the proposed External Examiner: Yes No
 If "Yes" what was the nature of the candidate's relationship to the External Examiner?

 Dissertation Chair's Signature Date

THE FOLLOWING INDIVIDUAL HAS BEEN APPROVED BY THE DEAN OF THE SCHOOL OF EDUCATION TO SERVE AS AN EXTERNAL EXAMINER

First Name LastName
 Position
 Institution

APPROVAL

 Dean, College of Education & International Services Date