

Students must submit a completed nomination form from their TWU student email (@mytwu.ca), together with a 150-word research proposal or abstract, to the Office of Graduate Studies (GradStudies@twu.ca) a minimum of three months prior to the proposed timeframe for defence. The number of nominees may range from 1 to 5, per submission.

POLICY. [Thesis Examining Committee \(Master's\) Policy](#) (ED Sep 1, 2022)

ELIGIBILITY & IMPARTIALITY. Examining committees for master's level theses must have a third objective reader who is objective. All third readers must be approved by the Office of Graduate Studies. In accordance with policy, a third reader:

- is from outside the student's department or program but may be from within TWU;
- must have no conflict of interest with either the student or supervisor;
- must hold a doctorate or terminal degree in the field of research;
- is normally a tenured or tenure-track faculty member;
- is selected by the supervisory committee, approved by the Office of Graduate Studies, and arranged by the program; and
- has no thesis-related contact with the student prior to the defence.

COMPENSATION. The graduate program is responsible for arranging an honourarium for the third reader.

STUDENT INFORMATION

STUDENT NAME	STUDENT ID	STUDENT EMAIL (@mytwu.ca)
PROGRAM OF STUDY DEGREE	STUDENT SIGNATURE	
THESIS TITLE		
EXPECTED DATE OF THESIS COMPLETION	PROPOSED TIMEFRAME FOR DEFENCE (MONTH AND YEAR)	

Required attachment: **150-word research proposal or abstract**

THIRD READER NOMINEES

NOMINEE 1

NAME	INSTITUTION	
EMAIL	CURRENT POSITION	
JUSTIFICATION FOR NOMINATION/QUALIFICATIONS OF THE NOMINEE		
ELIGIBILITY. Does the nominee meet the eligibility criteria?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IMPARTIALITY. Does the nominee satisfy the arm's length requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> CV attached or <input type="checkbox"/> Bio link provided here:		

NOMINEE 2

NAME	INSTITUTION	
EMAIL	CURRENT POSITION	
JUSTIFICATION FOR NOMINATION/QUALIFICATIONS OF THE NOMINEE		
ELIGIBILITY. Does the nominee meet the eligibility criteria?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IMPARTIALITY. Does the nominee satisfy the arm's length requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<input type="checkbox"/> CV attached or <input type="checkbox"/> Bio link provided here:		



NOMINEE 3

NAME	INSTITUTION
EMAIL	CURRENT POSITION
JUSTIFICATION FOR NOMINATION/QUALIFICATIONS OF THE NOMINEE	
ELIGIBILITY. Does the nominee meet the eligibility criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IMPARTIALITY. Does the nominee satisfy the arm's length requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> CV attached or <input type="checkbox"/> Bio link provided here:	

NOMINEE 4

NAME	INSTITUTION
EMAIL	CURRENT POSITION
JUSTIFICATION FOR NOMINATION/QUALIFICATIONS OF THE NOMINEE	
ELIGIBILITY. Does the nominee meet the eligibility criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IMPARTIALITY. Does the nominee satisfy the arm's length requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> CV attached or <input type="checkbox"/> Bio link provided here:	

NOMINEE 5

NAME	INSTITUTION
EMAIL	CURRENT POSITION
JUSTIFICATION FOR NOMINATION/QUALIFICATIONS OF THE NOMINEE	
ELIGIBILITY. Does the nominee meet the eligibility criteria? <input type="checkbox"/> Yes <input type="checkbox"/> No	
IMPARTIALITY. Does the nominee satisfy the arm's length requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<input type="checkbox"/> CV attached or <input type="checkbox"/> Bio link provided here:	

SUPERVISOR APPROVAL

The undersigned approve the above-listed third reader nominees and confirm that all of the nominees are qualified, eligible, and arm's length from the supervisory committee and the student.

_____	_____	_____
<input type="checkbox"/> Supervisor / <input type="checkbox"/> Co-Supervisor	Signature	Date of Approval
_____	_____	_____
Co-Supervisor (if needed)	Signature	Date of Approval

FOR USE BY THE OFFICE OF GRADUATE STUDIES ONLY

DATE NTR RECEIVED BY OGS	OGS APPROVES <input type="checkbox"/> Nominee 1 <input type="checkbox"/> Nominee 2 <input type="checkbox"/> Nominee 3 <input type="checkbox"/> Nominee 4 <input type="checkbox"/> Nominee 5	OFFICE OF GRADUATE STUDIES SIGNATORY Signature _____ Signatory (Name) _____ Date signed _____
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