

Student Information

Student Name: _____ B#: _____
Last First MI

Department/program/school: _____

If known, defense date: _____ If date not set, earliest month & year: _____

Outside Examiner Information

Is outside examiner a faculty member at Binghamton University? Yes No

Name of nominated outside examiner: _____

Title: _____ Department: _____

Name of University (if not Binghamton): _____

Email address: _____

Indicate 'Yes' or 'No' to each statement below:

Yes No Nominee has no conflict-of-interest with the doctoral student or student's faculty advisor.

Yes No Nominee has no conflict-of-interest with doctoral student's department.

Yes No Nominee is tenured. If not tenured, include justification as to why experienced and "senior" enough for this appointment, in comment section below

Indicate the number as of this date:

Nominee has served as a faculty advisor for ___ doctoral students who have graduated.

Nominee has served on ___ doctoral defense committees.

Indicate what the nominee's area of expertise is and why the nominee is appropriate:

If you have questions or need guidance, refer to the Graduate School Manual for Outside Examiner Qualifications:
<http://www2.binghamton.edu/grad-school/manual/policies-doctoral.html#205>

Graduate Director submitting this request: _____ Date of Request: _____

Signature: _____

Submit the completed form to The Graduate School (AD 134) or email to sarahlam@binghamton.edu

Approved by: _____ Date: _____

Graduate School Representative