

CONFLICT OF INTEREST FORM - Doctoral thesis examination

Concordia University doctoral thesis examining committee members must abide by the regulations as per the [Graduate Calendar](#).

EXAMINING COMMITTEE MEMBER INFORMATION

First and last name:

Email address:

Role in the examination committee:

Arms-length examiner

Chair

Co-supervisor

Examiner

External examiner

STUDENT AND THESIS INFORMATION

Student's first and last name:

Thesis title:

CONFLICT OF INTEREST DECLARATION

Do you receive professional or personal benefit, financial or otherwise, from the candidate or the supervisor(s)?

Yes

No

Are you a relative of or have a close personal relationship with the candidate or the supervisor(s)?

Yes

No

Have you been a supervisor or a trainee of the supervisor(s) or candidate?

Yes

No

Have you collaborated, published or shared funding with the supervisor(s) or candidate in the past six years?

(*Only applicable to External and Arm's Length Examiners)

Yes

No

N/A

Do you feel for any reason unable to provide an impartial evaluation of the thesis?

Yes

No

Please add additional comments

SIGNATURE

Examining committee member signature:

Date: