



Purpose of Disclosure

Before agreeing to serve as an examiner for a master's thesis, please review the list of questions below to determine whether there are any Conflicts of Interest (Col) that could be perceived as detrimental to your review. If you answer "yes", to any of these questions you likely have a conflict of interest and should either decline the invitation or check the Potential or Apparent Col box and provide an explanation clarifying how this conflict does not impact your impartiality in evaluating the student's thesis.

Examiner Information

I, _____ (Name of Examiner), Position: _____

Institution (in case of external examiner), Email address

This evaluation is a part of:

Thesis Evaluation and Oral Defense Other, please specify: _____

Student with whom a Conflict of Interest is being considered:

Student Name: _____ Student ID: _____

Thesis Title: _____

Program/ College _____

Conflict of Interest Disclosure Questions

Please check the appropriate box for each question and provide explanation if "Yes":

1. Within the past five years, have you had any academic evaluative or supervisory relationship with the student's supervisor and/or co-supervisor (e.g., as their former student or as someone whose thesis they previously supervised)?



No Yes, explain:

2. Do you have a significant emotional or financial connection with the student or Thesis Supervisor (e.g., past, or present dependent, close family member, past or present business partner)?

No Yes, explain:

3. Do you knowingly have a financial interest in an entity that could benefit from this thesis?

No Yes, explain:

4. Have you entered (or intend to enter) negotiations with the student or Thesis Supervisor relating to future employment or supervision?

No Yes, explain:

5. Will you or any member of your Immediate Family receive any financial or non-financial benefit, compensation, bonus, or incentive that is contingent upon or influenced by the outcome of the student's research?

No Yes, explain:

Declaration

I hereby declare that the information provided above is true and complete to the best of my knowledge. I acknowledge that any conflict of interest, actual or potential, must be disclosed to ensure fairness, transparency, and academic integrity of the thesis evaluation process.

Name: _____ Signature of Examiner: _____

Date: ____ / ____ / ____



Approval

Reviewed and approved by:

Dean / Assistant Dean, Research and Graduate Studies

Name: _____

Designation: _____

Date: ____ / ____ / ____

Endorsement

Reviewed and acknowledged by:

Graduate Studies Unit

Name: _____

Designation: _____

Date: ____ / ____ / ____