Committee appointment procedure

We suggest that the supervisor, in collaboration with the student if desired, complete the following information and forward it to the program director.

The program director will perform the standard checks before having Academic Advising at the faculty in question enter the recommendation in Banner.

The faculty must enter the date of the recommendation below and forward this form by email to FESP (evaluation@fesp.ulaval.ca), where the vice dean will officially appoint the examiners.

For more information on the composition of a master's thesis evaluation committee, consult the [intranet](https://www.fesp.ulaval.ca/espace-securise/evaluation-du-memoire-et-de-la-these/jury-devaluation) (espace sécurisé) on our website.

Persons recommended for the evaluation committee of

|  |
| --- |
| **Student's name    Last name First name IN** |

|  |  |  |
| --- | --- | --- |
| **Composition of the committee: at least 3 examiners**  |   |   |
|  | Suggestion by supervisor:  yyyy-mm-ddRecommendation by program director: yyyy-mm-ddAppointment by vice dean of FESP: yyyy-mm-dd |
| **1. Supervisor** |   |   |
| LAST NAME, first name  |  |   |   |
| Institutional email  |  |   |   |
|

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **2. Co-supervisor** |  | **or** | **Examiner** |  |

If there is a **co-supervisor**, FESP recommends appointing a **4th** examiner. A co-supervisor who is not affiliated with University must be granted adjunct professor status (by VRRH) and accredited by FESP. |   |   |
| LAST NAME, first name  |  |   |   |
| Institutional email  |  |   |   |
| Language of correspondence  |  |  French |  |  English |   |
| If the person is from outside the university, please provide their professional contact information: |   |
|  | Institution or employer: University /  |   |
|  | Address:    |   |
|  | City  |   |
|  | Phone: |   |
| **3. Examiner** |   |
| LAST NAME, first name  |  |   |   |
| Institutional email  |  |   |   |
| Language of correspondence  |  |  French |  |  English |   |
| If the person is from outside the university, please provide their professional contact information: |   |
|  | Institution or employer: University /  |   |
|  | Address:    |   |
|  | City  |   |
|  | Phone: |   |
| **4. Additional examiner**(e.g.,: in the case of a co-supervision) |   |
| LAST NAME, first name  |  |   |   |
| Institutional email  |  |   |   |
| Language of correspondence  |  |  French |  |  English |   |
| If the person is from outside the university, please provide their professional contact information: |   |   |
|  | Institution or employer: University /  |   |   |
|  | Address:    |   |   |
|  | City  |   |   |
|  | Phone: |   |   |