

Conflict of Interest – Consent Form

Candidate's Name: _____

As per [SGPS Regulation 8.4.2.1](#), the Examiners must not have any conflict of interest with either the candidate or the supervisor(s) and be at arm's length to examine the student and the thesis.

All thesis examiners (Internal and External)

The conflict of interest includes but not limited to:

- The involvement of an Examiner with the candidate or supervisor(s) in a personal capacity, such as:
 - A spouse or partner
 - A close family member
- Co-authors or collaborators of any component of the thesis

External examiner only

The conflict of interest includes but is not limited to:

- The involvement of an Examiner with the candidate or supervisor(s) in a personal capacity, such as:
 - A business partner
 - Having previous, current, or future negotiations relating to employment
- Any prior or current collaboration with the supervisor(s) and/or candidate in the last 6 years
- Any joint publications with the supervisor(s) and/or candidate in the last 6 years
- Acted as co-applicants on successful grant application(s) in the last 6 years
- Had a previous supervision relationship with the supervisor(s) and/or candidate (as a student or advisor)
- Any affiliation with Western University as an employee, Adjunct, student, or other formal relationship in the last 6 years
- Ever employed as a faculty member in the affiliated department(s) of the candidate and supervisor(s)
- No current or former affiliation of the supervisor(s) with the external examiner's academic department

CV of the external examiner is provided

Speed code to cover travel expenses of the External examiner (in excess of \$500): _____

I have reviewed the arm's length requirements and confirm that the proposed examiners for this thesis exam comply with [SGPS Regulation 8.4.2.1](#), and I do not have any conflict of interest with the internal and external examiners.

Candidate:

Name: _____ Signature: _____ Date: _____

Supervisor(s):

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____