



External Examiner (research thesis) Self-declaration of Independence

Student Name:	Degree:	
Name of proposed External Examiner:		
Institution:		
Email contact:		
Department/School in which the postgraduate research student to be examined is registered?		
As proposed external examiner, please confirm the following statements:		
1. I have no collaborative links with either the supervisor or the student, such as might compromise my independence as an examiner		Yes 1. <input type="checkbox"/>
2. I have not acted as an external examiner for a taught programme in this same School/Department/Discipline in Trinity College Dublin in the past 2 years		Yes 2. <input type="checkbox"/>
3. I have not acted as an external examiner for a research thesis in this same School/Department/Discipline in Trinity College Dublin in the past 3 years		Yes 3. <input type="checkbox"/>
4. I have not acted as external examiner for a student under the same principal supervisor in the previous 5 years		Yes 4. <input type="checkbox"/>
5. I have not been connected with Trinity College as a member of staff in the previous 5 years		Yes 5. <input type="checkbox"/>
6. I have not been a student of Trinity College within the past 5 years		Yes 6. <input type="checkbox"/>

Signature:
Proposed External Examiner
Signature:
Director of Teaching and Learning (Postgraduate)
Date: