



Graduate Program in Civil Engineering
MASc Thesis Examination Scheduling Request Form

Student Name \_\_\_\_\_ Student ID \_\_\_\_\_
Supervisor \_\_\_\_\_ Area of Specialization \_\_\_\_\_
MASc Thesis Title \_\_\_\_\_
First Term of Study \_\_\_\_\_ Expected Term of Completion \_\_\_\_\_

The supervisor(s) or supervisory committee, in consultation with the student, will determine if written work is ready to stand for defence and will establish an Examining Committee and schedule the defence.

Please List Examination Committee Members Below:

Table with 3 columns: Role (Chair, Member), Name, Department/University. Contains 5 rows for committee members.

Table with 3 columns: Oral Examination, Date & Time, Room.

NOTE: If any multimedia equipment is required for the exam, students are responsible for making advanced booking arrangement

Student's Signature \_\_\_\_\_ Date \_\_\_\_\_
Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_
Associate Chair's Signature \_\_\_\_\_ Date \_\_\_\_\_