



**Yeates School of Graduate Studies
Graduate Program in Civil Engineering**

PhD Dissertation Oral Examination Scheduling Request

Student Name	Student ID
Supervisor	
Dissertation Title	
First Term of Study	Expected Term of Completion

Dissertation Examining Committee appointed, nominated and approved

Oral Examination Committee	
Chair	Department
Member (Supervisor)	Department
Member (YSGS – Civil)	Department
Member (YSGS – Civil)	Department
Member (YSGS - not Civil)	Department
Member (External Examiner)	University
COMPLETE mailing address for External Examiner	
E-Mail address for External Examiner	Phone Number for External Examiner

Note: If any multimedia equipment is required for the exam, students are responsible in making advanced booking arrangements.

Oral Examination Date	Time	Room
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Student's Signature _____

Supervisor's Signature _____

Program Director's Signature _____