



PhD Dissertation Oral Examination Scheduling Request Form

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

Dissertation Examining Committee nominated and appointed; and approved by YSGS

	Name	Department/University
Chair		
Member (Supervisor)		
Member (YSGS-Civil)		
Member (YSGS Civil)		
Member (YSGS Non-Civil)		
Member (External Examiner)		
Contact Information for External Member		

	Date & Time	Room
Oral Examination		

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

Student's Signature	_____	Date
Supervisor's Signature	_____	Date
Associate Chair's Signature	_____	Date