

MSc THESIS ORAL EXAMINATION NOTIFICATION

STUDENT INFORMATION

| | |
|---------------|--------------|
| Student Name: | Student ID#: |
|---------------|--------------|

Thesis Title:

COMMITTEE MEMBER INFORMATION

Please list the Examination Committee members. *(A chair and three faculty members, or four faculty members in the case of two co-supervisors)*

| | Name | Department/Organization | Signature |
|--|------|-------------------------|-----------|
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EXTERNAL COMMITTEE MEMBER INFORMATION

Please complete the following for any external member listed above.

| | |
|-------|----------------|
| Name: | Email address: |
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| | |
|-----------|------------------|
| Position: | Mailing address: |
|-----------|------------------|

ORAL EXAMINATION SCHEDULING INFORMATION

Please specify the date, time, and location of the oral examination.

| | | |
|-------|-------|-----------|
| Date: | Time: | Location: |
|-------|-------|-----------|

Note: The student is responsible for confirming that the location has been booked for the examination prior to submitting this form, and for making advance arrangements for any multimedia or presentation equipment required.

APPROVAL SIGNATURES

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|----------|-------|
| Student: | Date: |
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|----------------|-------|
| Supervisor(s): | Date: |
|----------------|-------|