

Thesis Oral Examination Scheduling Request

Submit the signed form, a copy of the “S3” committee meeting report and **bound/stapled hard copies** of your thesis (one copy for each member of your examination committee) to the Program Director at least 3 weeks prior to the target exam date. You should also email the Program Director your abstract prior to submitting this form and copy the Program Administrator on the email. The Program will distribute the thesis to the examination committee and finalize the examination schedule.

Student Name:		Student ID:
Thesis Title:		
Thesis Supervisor(s):		

Oral Examining Committee:

(Refer to the “Thesis examination committees” section of Supplementary Policies for details on the exam composition)

Internal Voting Member

Department

External Voting Member

Department

Additional Voting Member (optional)

Department

Target Examination Date: _____
DD/MM/YY

Time: _____ AM/PM (3 hours)

Student’s Signature

Supervisor’s Signature

Special requirements – it is the student’s responsibility to make all equipment bookings and arrangements

For internal use:

Confirmation by Program Director

(Thesis document is complete:

YES

NO

Program Director’s Signature

Date

Examination Committee Chair: _____

Oral Examination Date: _____
DD/MM/YY

Presentation Time: _____ AM/PM

Room: _____

Oral Examination Time: _____ AM/PM

Room: _____