

### 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:** \_\_\_\_\_