

**Dissertation Oral Examination Scheduling Request**

Student Name:		Student ID:	
Dissertation Title			

**Examination Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ a.m/ p.m. **Room no.:** \_\_\_\_\_

\_\_\_\_\_  
*Member (Supervisor)*                      *Department*                      *E-mail address*                      *Signature*

\_\_\_\_\_  
*Member (Co-Supervisor)*                      *Department*                      *E-mail address*                      *Signature*

\_\_\_\_\_  
*Member (SGS-Physics)*                      *Department*                      *E-mail address*                      *Signature*

\_\_\_\_\_  
*Member (SGS-Physics)*                      *Department*                      *E-mail address*                      *Signature*

\_\_\_\_\_  
*Member (SGS-not Physics)*                      *Department*                      *E-mail address*                      *Signature*

\_\_\_\_\_  
*External Examiner (Name, University and email address)*

**Dissertation Examining Committee nominated, approved, and appointed**

\_\_\_\_\_  
**Program Director's Signature**

\_\_\_\_\_  
**Date**