

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