



YEATES SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF COMPUTER SCIENCE

PhD - Internal Oral Review Scheduling Notification

| | |
|---------------------|--------------|
| Student Name: | Student ID#: |
| Dissertation Title: | |

Please list the Examination Committee members:

| | Name | Department/Organization |
|-----------------|------|-------------------------|
| Chair | | |
| Supervisor | | |
| Internal Member | | |
| Internal Member | | |
| Internal Member | | |
| Optional Member | | |

Printed copy of thesis has been submitted to Examination Committee members:

Oral examination is scheduled as follows:

| | | |
|-------|-------|---------------------------|
| Date: | Time: | Location: |
| | | Location has been booked: |

Note: If any multimedia presentation equipment is required for the examination, the student is responsible for making advance booking arrangements with the Media Equipment office located in room KHE227 (ext. 4444).

Please sign and submit this form to the Graduate Program Administrator:

| | Signature | Date |
|-------------|-----------|------|
| Student: | | |
| Supervisor: | | |