



YEATES SCHOOL OF GRADUATE STUDIES
DEPARTMENT OF COMPUTER SCIENCE

MSc Thesis Oral Examination Notification

Student Name:	Student ID#:
Thesis Title:	

Please list the Examination Committee members: *(Chair and three faculty members, or four in the case of two co-supervisors)*

	Name	Department/Organization	Signature
Chair			
Supervisor			
Member			
Member			
Member			
External Member (optional)			

Please complete for any external member listed above:

Name:	Email:
Position:	Telephone:
Mailing Address:	

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, along with a printed copy of the thesis for each of the committee members listed above, to the Graduate Program Administrator at least 3 weeks prior to the date of the oral examination. An electronic (PDF) copy of the thesis must be submitted to the Graduate Program Administrator as well.

	Signature	Date
Student:		
Supervisor:		