



SCHOOL OF GRADUATE STUDIES

DOCTORAL THESIS EXAMINATION COMMITTEE FORM*

To: Dean of Graduate Studies Date: _____

From: Graduate Program in _____

Candidate: _____ ID# _____

Thesis Title: _____

- At least 5 members appointed by Program Graduate Studies committee, in consultation with the Thesis Supervisor
- Chair, Dean of Graduate Studies or a delegate selected from a relevant discipline.

EXAMINATION COMMITTEE ** (Please print full name)

1. _____ Thesis Supervisor
_____ Thesis Supervisor (Co)
2. _____ External Examiner
3. _____ External to Program Examiner
4. _____ Internal Examiner
5. _____ Internal Examiner
_____ Internal Examiner
_____ Chair of Defence

External Examiner (please attach curriculum vitae):

Address: _____

Phone #: _____ Email: _____

External examiner will attend: In Person via Teleconference

Confirmed Date for Defence***: _____ Time: _____
Room: _____

Name (Print): Graduate Program Director

Signature: Graduate Program Director

* This form must be submitted with the thesis a minimum of six weeks (eight weeks for Engineering) prior to the Date of Defence to allow the thesis to be in the hands of External Examiners at least one month before they are required to submit a 2-page report to the Dean of Graduate Studies.

** See Requirements for Doctoral Thesis Examinations.

*** The student's program is responsible for verifying that the Date and Time of Defence are agreeable to all Examiners prior to submitting this Form.