

Request for Thesis Defence

Submit to the Office of Research and Graduate Studies, preferably six weeks prior to the proposed defence date. Include an electronic copy of the thesis.

Student Identification

Name: _____

Program: _____

Thesis title: _____

Thesis Defence

Preferred Date: _____ Time: _____

Alternate Date 1: _____ Time: _____

Alternate Date 2: _____ Time: _____

Requirements for the defence (room capacity, audiovisual, other special requirements):

Approvals

By signing below, members of the student's Supervisory Committee certify that they have reviewed the thesis and agree that the thesis meets the standards of the program, conforms to submission guidelines for thesis preparation and is ready for defence.

	Name (please print)	Signature	Date
Primary Supervisor	_____	_____	_____
Co-supervisor (if applicable)	_____	_____	_____
Supervisory Committee Member	_____	_____	_____
Supervisory Committee Member	_____	_____	_____
Supervisory Committee Member	_____	_____	_____
Program Coordinator Signature	_____		Date: _____

NOTE: The proposed date of the thesis defence is considered to be tentative, and cannot be fully confirmed until the External Examiner has submitted the External Examiner Report.

Distribution: Original with Office of Research and Graduate Studies; copy to the Program Coordinator.