



THESIS EXAM REQUEST AND APPOINTMENT OF EXAMINERS

This form must be submitted to the Graduate Studies Office at least 4 weeks prior to the thesis examination.

Student: _____ Student Number: _____

Student's Email: _____ Student's Phone: _____

Program: _____

Anticipated Graduation Date: Spring 20__ Fall 20__ Winter 20__

Thesis Title:

Recommended Thesis Examination Committee (TEC):

Are additional examiners listed on page 2 yes no

Graduate Thesis Supervisor _____

Department/contact info _____

Graduate Thesis Examiner/Co-Supervisor _____

Is this examiner a co-supervisor? yes no

Department/contact info _____

Examiner: _____

Department/contact info _____

External Examiner: _____

Position/Title: _____

Institution: _____

Graduate Thesis Supervisor Signature

Date

Graduate Thesis Supervisor Signature

Date

Graduate Program Committee Chair Signature

Date

Dean of Graduate Studies Signature

Date

Additional Examiners for TEC of (student): _____

(page 2)

Examiner: _____

Department/contact info: _____

Examiner: _____

Department/contact info: _____

Examiner: _____

Department/contact info: _____

Examiner: _____

Department/contact info: _____