

Request for Final Thesis Examination

MA/MFA/MMus/MEd/MC/MN/MSc/PhD

Student uLethbridge ID Number:

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Today's Date:

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Review the SGS Policies and Procedures (www.ulethbridge.ca/graduate-studies/policies-procedures) for program-specific policies regarding composition of the Thesis Examination Committee and for further information regarding the policies and procedures of the final Thesis and oral examination.

STUDENT INFORMATION			
Surname:	First name:	Middle name:	
Degree:		Major:	
Concentration/specialization (if applicable):			<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time
Thesis title:			
<input type="checkbox"/> Thesis conforms to Thesis format regulations. <input type="checkbox"/> Thesis has been submitted via email to the relevant Graduate Program office			
SCHEDULE OF THE THESIS ORAL DEFENCE			
Public Presentation (if applicable)			
Date:	Room:	Time from:	Time to:
Thesis Examination Schedule			
Date:	Room:	Time from:	Time to:
EXTERNAL EXAMINER INFORMATION (IF APPLICABLE)			
<input type="checkbox"/> An External Examiner will serve as a member of the Thesis Examination Committee (Note: Required for all doctoral defences)			
Name:		Institution:	
Academic Rank:	Phone number:	Email:	
Rationale for External Examiner:			
Curriculum Vitae provided Conflict of Interest Form provided			
INTERNAL EXTERNAL EXAMINER INFORMATION (IF APPLICABLE)			
<input type="checkbox"/> An Internal External Examiner will serve as a member of the Thesis Examination Committee (Note: Required for all doctoral defences)			
Name:			
Academic Rank:	Phone number:	Email:	
Rationale for Internal External Examiner:			
Curriculum Vitae provided Conflict of Interest Form provided			

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THESIS EXAMINATION COMMITTEE MEMBER AUTHORIZATION

Your signature indicates that you have agreed to: 1) Serve as a member of the Thesis Examination Committee; 2) The scheduled date of the Thesis Oral Defence; and 3) Attend the Thesis Oral Defence.

Student signature:	Name:	Date:
(Co) supervisor name:	Highest degree:	Academic rank:
(Co) supervisor signature:		Date:
(Co) supervisor name:	Highest degree:	Academic rank:
(Co) supervisor signature:		Date:
Committee member name:	Highest degree:	Academic rank:
Committee member signature:		Date:
Committee member name:	Highest degree:	Academic rank:
Committee member signature:		Date:
Committee member name:	Highest degree:	Academic rank:
Committee member signature:		Date:
Committee member name:	Highest degree:	Academic rank:
Committee member signature:		Date:
Defence Chair name:	Highest degree:	Academic rank:
Defence Chair signature:		Date:

Submit completed form to the relevant Graduate Program Office.

School of Graduate Studies approval

SGS Dean (or designate) name:	Signature:	Date:
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The personal information on this form is collected pursuant to the Post-secondary Learning Act and the Freedom of Information and Protection of Privacy Act and will be used to document your progress in an academic program. If you have questions about the collection, use and disclosure of this information, please contact the University's FOIP Coordinator at, 403-332-4620 or by email to foip@uleth.ca.