



# 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: \_\_\_\_\_