



PH.D. ORAL THESIS EXAMINATION FORM

STUDENT NAME: STUDENT#: DATE: TIME: LOCATION: E-MAIL: DEPARTMENT: THESIS TITLE:

The Thesis Examination will be Open unless a request based on justifiable reasons has been approved by a SGSPA Associate Dean (See Attendance at the Oral Thesis Examination Regulation in Academic Calendar)

Table with 5 columns: COMMITTEE, NAME, DEPT, REMOTE, FOR SGSPA OFFICE USE. Rows include CHAIR, SUPERVISOR(S), HEAD (OR DELEGATE), INTERNAL EXAMINER, ADDITIONAL EXAMINER, INTERNAL/EXTERNAL EXAMINER.

EXTERNAL EXAMINER: UNIVERSITY: RESEARCH WEBSITE: DEPT: EMAIL: PHONE: MAILING ADDRESS:

WILL PARTICIPATE: IN PERSON [radio] *REMOTE (i.e. SKYPE, TELECONFERENCE, VIDEOCONFERENCE, ETC.) [radio]

IMPORTANT: Dept. Head, Graduate Chair, or supervisor: please check the appropriate boxes below. If not all "yes" contact SGSPA immediately. Includes questions about committee members, student registration, remote participation, conflicts of interest, and arms-length relationships.

For SGSPA Office Use Only: E-Mail Sent to... SUPERVISOR(S): DEPARTMENT HEAD: DEAN (SGS): Date: