## School of Graduate Studies



## Ph.D. Oral Thesis Examination Form

DATE & TIME:  E-MAIL:  COUNCIL:  DEPARTMENT:  OPEN/CLOSED?  THESIS TITLE:  CHAIR:  CHAIR:  CHAIR:  SUPERVISOR(S):  HEAD (or DILLIANT)  INTERNAL EXAMINER:  INTERNAL EX	STUDENT NAME:				STUDENT#:	
DEPARTMENT: THESIS TITLE:  COMMITTEE:  NAME:  DEPT: FOR SGS OFFICE USE:  CHAIR:  SUPERVISOR(S):  HEAD (on Dezicart) INTERNAL EXAMINER:  ADDITIONAL EXAMINER: INTERNAL	DATE & TIME:				LOCATION:	
COMMITTEE:  NAME:  DEPT: FOR SGS OFFICE USE:  CHAIR:  SUPERVISOR(S):  HEAD (on DELECAT2)  INTERNAL EXAMINER:  ADDITIONAL EXAMINER:  INTERNAL/EXTERNAL:  CROSS-APPOINTER?  IF YES, THE DEAN REQUIRES CONFIRMATION THAT THERE HAS BEEN NO INVOLVEMENT WITH THIS SESABLE(FINES)  EXTERNAL EXAMINER:  DEPT:  EXAMINER:  UNIVERSITY:  DEPT:  EMAIL:  MALLING ADDRESS:  WILL PARTICIPATE:  IN PERSON  ALL COMMITTEE  IN PERSON  PHONE:  WILL PARTICIPATE:  IN PERSON  The Student is currently registered and has paid all due fees.  Yes on No on  If applicable, remote participation of the external examiner have an academic appointment in the SGS.  The student is currently registered and has paid all due fees.  Yes on No on  If applicable, remote participation of the external examiner have en academic appointment in the SGS.  The student is currently registered and has paid all due fees.  Yes on No on  All immediately with the SGS.  The student is currently registered and has paid all due fees.  Yes on No on  If applicable, remote participation of the external examiner has been agreed upon by the student, the supervisor and the department headignation coordinator.  Yes on No on  If applicable, remote participation of the external examiner has been agreed upon by the student, the supervisor and the department headignation or family relationship with the student on manuscripts that form part of the thesis; a personal or family relationship with the student committee, except the supervisor, are at arm's length from the student and the thesis content so as not to be in corrilled of the rest with the student examiner has not published with the supervisor within the last 5 years.  For SGS Office Use Only: Extent Sent to  SUPERVISOR(S):  Examining Committee  DEPARTMENT HEAD:	E-MAIL:				COUNCIL:	
COMMITTEE:  NAME:  DEPT: FOR SGS OFFICE USE:  CHAIR:  SUPERVISOR(S):  HEAD (OR DILECATE)  INTERNAL EXAMINER:  ADDITIONAL EXAMINER:  INTERNAL EXAMI	DEPARTMENT:				OPEN/CLOSED?	)
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EXTERNAL EXAMINER:  RESEARCH WEBSITE:  DEPT:  EMAIL:  PHONE:  MIL PARTICIPATE:  IN PERSON  *REMOTE (a. SAME, TRECONFERENCE, WILD COMMERCE, WILD COMMERCE, UTC.)  IMPORTANT:  Department head, graduate coordinator, or supervisor: please check the appropriate boxes below. If they are not all "yes" consult immediately with the SGS.  Yes O NO All committee members except the external examiner have an academic appointment in the SGS.  Yes O NO The student is currently registered and has paid all due fees.  Yes O NO All members of the examining committee, except the supervisor, are at arm's length from the student and the thesis content so as not to be in conflict of interest with the student (examples include co-authorship with the student and the thesis content so as not to be in conflict of interest with the student (examples include co-authorship with the student and the thesis content so as not to be in conflict of interest with the student (examples include co-authorship with the student of personal/financial gain).  Yes O NO In addition to the above, it is confirmed that the external examiner has not published with the supervisor within the last 5 years.  For SGS Office Use Only: E-Mail Sent to  SUPERVISOR(S):  DEPARTMENT HEAD:						
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MAILING ADDRESS:  WILL PARTICIPATE:  IN PERSON  *REMOTE (i.e. Skype, Teleconference, yideoconference, etc.)  IMPORTANT:  Important:  Important:  In Person  *Remote (i.e. Skype, Teleconference, yideoconference, etc.)  Important:  Important:  Important:  In Person  *Remote (i.e. Skype, Teleconference, yideoconference, etc.)  Important:  In Person  *Remote (i.e. Skype, Teleconference, yideoconference, etc.)  Important:  Impor					UNIVERSITY:	
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Chair Student Examining Committee  DEPARTMENT HEAD:			•		with the supervisor v	within the last 5 years.
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Examining Committee DEPARTMENT HEAD:						
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External Examiner Student DEAN (SGS):  Date:		External Examiner Stu	dent	DEAN (SGS):		