

STUDENT INFORMATION			
Student Name:		Student ID#:	
Thesis Title:			
ORAL EXAMINATION SCHEDULING INFORMATION			
Please specify the date, time, and location of the oral examination.			
Date:	Time:	Location:	
<i>Note: The student is responsible for confirming that the location has been booked for the examination prior to submitting this form, and for making advance arrangements for any multimedia or presentation equipment required.</i>			
COMMITTEE MEMBER INFORMATION			
Please list the Examination Committee members. <i>(A chair and three faculty members, or four faculty members in the case of two co-supervisors)</i>			
	Name	Department/Organization	Signature
Chair			
Supervisor			
Member			
Member			
Member			
External Member (optional)			
EXTERNAL COMMITTEE MEMBER INFORMATION			
Please complete the following for any external member listed above.			
Name:		Email address:	
Position:		Mailing address:	
APPROVAL SIGNATURES			
Student:		Date:	
Graduate Program Director:		Date:	
Vice-Provost and Dean, YSGS: (required for external member)		Date:	