

PHD THESIS SUBMISSION FORM

(Please see the instructions for scheduling a PhD oral in the Thesis Forms section of the Department's website.)

STUDENT NAME: _____ STUDENT NUMBER: _____

MAILING ADDRESS: _____

THESIS TITLE: _____

1st EXAMINER (thesis supervisor) _____

2nd EXAMINER _____

3rd EXAMINER _____

4th EXAMINER ("internal external") _____

5th EXAMINER (if applicable) _____

N.B. At most three members of the thesis committee may serve as voting members of the oral exam committee. Four voting members are required for a quorum. (E.g., the voting members could be the supervisor, one thesis committee member, the internal external, and the external scholar.) There can be more than four votes, but no more than three from the thesis committee.

THE THESIS IS READY FOR FINAL ORAL DEFENCE: YES _____ NO _____

PLEASE SPECIFY ANY EQUIPMENT NEEDED FOR THE DEFENCE _____

SUPERVISOR'S SIGNATURE _____

STUDENT'S SIGNATURE _____

EXTERNAL APPRAISER _____

INSTITUTIONAL AFFILIATION: _____

EMAIL _____

WILL PARTICIPATE AS A VOTING MEMBER? YES _____ NO _____

IN PERSON: _____ BY PHONE: _____ Phone # _____

(N.B. SGS does not permit the use of Skype.)

DESIRED DATE AND TIME FOR THE ORAL: _____