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: ________________________________