

**MASTERS THESIS EXAMINATION
REQUEST FORM****SGPS USE ONLY – REQUEST FORM APPROVAL**

Date	Approved by
Thesis Submission Date	

CANDIDATE DETAILS

Name (Last Name, First Name)	Qureshi, Corinne	Email	cqureshi@uwo.ca
Student Number	250676543	Graduate Program	MA Counselling Psychology

SUPERVISORY DETAILS

Supervisor Name (Last Name, First Name)	Jaffe, Peter	Email	pjaffe@uwo.ca	Role	Supervisor	<input type="text"/>
Additional Supervisor Name (if applicable, include co/joint)		Email		Role	- select one -	<input type="text"/>

THESIS EXAMINATION DETAILS

Public Lecture Date		Start Time		Location	
Examination Date	April 2nd, 2019	Start Time	10:30 am	Location	
Program Examiner 1 (Last Name, First Name)	Leschied, Alan	Email	leschied@uwo.ca		
Program Examiner 2 (Last Name, First Name)	Niel, Nicole	Email	nniel@uwo.ca		
University Examiner (Last Name, First Name)	Weber, Linda	Email	linda.weber@kings.uwo.ca		
Chair of Examination (Last Name, First Name)		Email			
Is an examiner participating remotely?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Which examiner is participating remotely?			<input type="text"/>
Primary remote method: (Include contact information e.g. Skype ID)		Backup remote method: (Include contact information e.g. Phone Number)			
Is an open defense requested?	The student and graduate program, by mutual agreement, request that the defense be open to the university community (Faculty, academic colleagues, and students)			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Does the thesis examination require a confidentiality agreement?	Please attach copies of the agreement signed by the Examiners			<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

APPROVALS

Candidate: In my judgment my thesis is ready for examination. I am aware of the implications of electronic publication.

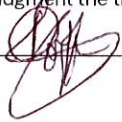
Signature of Candidate	Corinne Qureshi	Date	02/28/19
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I will request a delay of publication should my thesis be accepted. Yes No If yes, proposed date of release: _____

Graduate Assistant: The candidate has completed all non-thesis degree requirements (including collaborative requirements if relevant) as reflected on the candidate's academic record. The proposed Examiners hold the necessary membership levels.

Signature of Graduate Assistant		Date	
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Supervisor: In my judgment the thesis meets recognized scholarly standards for the degree and is therefore ready for Examination.

Signature of Supervisor		Date	March 1 / 19	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If No, please attach written reasons)
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Signature of Additional Supervisor (if applicable)		Date		<input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please attach written reasons)
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Graduate Chair: Provisional consent has been obtained from all proposed Examiners. I am not aware of any potential conflict of interest that the proposed Examiners have with the Candidate and/or Supervisor. If the Supervisor(s) has judged the thesis not ready for examination, I have provided the candidate with a copy of the written reasons for withholding approval.

Signature of Graduate Chair		Date	
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