



Proposed Doctoral Thesis Examination Board

Candidate's Program: Candidate's Student #:
Candidate's Name: (Last Name, First) Candidate's E-mail:
Thesis Title:

Thesis Information:

Thesis Supervisor:

Last Name, First and E-mail Extension Campus Bldg

Last Name, First and E-mail Extension Campus Bldg

Thesis Format: [] Monograph (formerly Traditional) [] Integrated Article (formerly Manuscript)

Proposed Date, Time, and Room for:

Public Lecture: Date: Time: Room:
Thesis Examination: Date: Time: Room:*SGPS will book

Examiners:

Program Examiner #1: Last Name, First and E-mail Extension Campus Bldg

Program Examiner #2: Last Name, First and E-mail Extension Campus Bldg

University Examiner: Last Name, First and E-mail Extension Campus Bldg

University Examiner's Graduate Program:

External Examiner: Last Name, First and E-mail Phone Number

External Examiner's Full Address: _____

External Examiner's Participation:

How will the External Examiner participate in the thesis examination?
[] In attendance (preferred) [] Teleconferencing [] Not in Attendance
If in attendance, and travel cost may exceed \$500 the 10-digit speed code to be charged is: _____

I am not aware of any potential conflict of interest that the proposed Examiners have with the Candidate and/or Supervisor. In addition, I have obtained provisional consent from all Examiners.
Signature of Graduate Chair (Print Name) Date

SGPS use only
[] Non-thesis degree requirements complete Date thesis received: PC Initials:
Thesis Examination Board/Dates are approved: Name: Date: