



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: FGS 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

FGS use only		
<input type="checkbox"/> Non-thesis degree requirements complete?	<input type="checkbox"/> Fully Registered	PC Initials:
Thesis Examination Board/Dates are approved:	Name:	Date: