



Proposed Master's Thesis Examination Board

Candidate's Program:	Candidate's Student #:
Candidate's Name:	Candidate's E-mail:
Thesis Title:	

Thesis Information:

Thesis Supervisor:

Last Name, First

Extension

E-mail

Co/Alternate/Joint-Supervisor:

Last Name, First

Extension

E-mail

Thesis Format: Monograph (formerly Traditional)

Integrated Article (formerly Manuscript)

Date thesis received: _____

Proposed Date, Time, and Room for:

Public Lecture:

Date:

Time:

Room:

Thesis Examination: Date:

Time:

Room:

Thesis Examination Board:

Chair:

Last Name, First and E-mail

Extension

Campus Bldg

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: _____

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

Thesis Examination Board/Dates are approved:

Name:

PC Initials:

Date: