## Western SGraduate&PostdoctoralStudies

## **MASTERS THESIS EXAMINATION REQUEST FORM**

SGPS USE ONLY - REQUEST FORM APPROVAL Date Approved by

Thesis Submission Date

CANDIDATE DETAILS				
Name (Last Name, First Name)	Email			
Student Number	Graduate Program			
SUPERVISORY DETAILS				
Supervisor Name (Last Name, First Name)	Email			
Additional Supervisor Name (If applicable, Last Name, First Name)	Email			

THESIS EXAMINATION DETAILS					
Public Lecture Date	Start Time	Location			
Examination Date	Start Time	Location			
Program Examiner 1 (Last Name, First Name)	Email				
Program Examiner 2 (Last Name, First Name)	Email				
University Examiner (Last Name, First Name)	Email				
Chair of Examination (Last Name, First Name)	Email				
Is an examiner participating remotely?	Which examiner is participa	ating remotely?			
Primary remote method: (Include contact information e.g. Skype ID)	Backup remote method: (Include contact information e.g. Ph	one 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)				🗌 No	
	Please attach copies of the agreement the Examiners	signed by	Yes	🗌 No	

Signature of Graduate Chair

APPROVALS						
Candidate: In my judgment my thesis is ready for examination. I am aware of the implications of electronic publication.						
Signature of Candidate	Date					
I will request a delay of publication should my the	sis be accepted. 🗌 Yes	🗌 No	If yes, proposed date of release:			
Graduate Assistant: The candidate has complete as reflected on the candidate's academic record.	6	•	s (including collaborative requirements if relevant) cessary membership levels.			
Signature of Graduate Assistant	Date					
Supervisor: In my judgment the thesis meets recognized scholarly standards for the degree and is therefore ready for Examination.						
Signature of Supervisor	Date	_ Yes	No (If No, please attach written reasons)			
Signature of Additional Supervisor (if applicable)	Date	Yes	No (If No, please attach written reasons)			
<b>Graduate Chair:</b> Provisional consent has been ob that the proposed Examiners have with the Candi- examination, I have provided the candidate with a	date and/or Supervisor. If	the Superv				

Date