Western Graduate&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	Role - select one -
Additional Supervisor Name (if applicable, include co/joint)	Email	Role - select one -

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? ☐ Yes ☐ No	Which examiner is participating remotely? -	
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)	☐ Yes ☐ No	
Does the thesis examination require a confidentiality agreement? Please attach copies of the agreement signed by the Examiners	☐ Yes ☐ No	

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 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

Supervisor: In my judgment the thesis meets recognized scholarly standards for the degree and is therefore ready for Examination.

_____ _____ ☐ Yes ☐ No (If No, please attach written reasons)
Signature of Supervisor Date

_____ _____ ☐ Yes ☐ No (If No, please attach written reasons)
Signature of Additional Supervisor (if applicable) Date

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