

NOTICE OF ORAL DEFENSE EXAMINATION

Date Notice Sent:

Department of Subject Area:

Name of Candidate:

Degree:

Date & Time of Examination:

Place of Examination:

Final Thesis Title:

EXAMINING COMMITTEE

NAME

DEPARTMENT/INSTITUTION

External Examiner:

Supervisor/Co-Supervisors:

Supervisory Committee Members:

Chair:

Notice Sent By:

Ex-Officio: Department or Subject Area Chair, Associate Dean or Dean of Faculty, Dean of FGSR (or designate)