



Notice of Defense of Thesis

Department of Subject Area:	
Name of Candidate:	
Degree:	
Date & Time of Examination:	
Place of Examination:	
Final Thesis Title:	
EX	AMINING COMMITTEE
NAME	DEPARTMENT/INSTITUTION
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Supervisor/Co-Supervisors:	
Supervisory Committee Members:	
Chair:	
Notice Sent By:	
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Distribution: Student, External Examiner, Supervisor/Co-Supervisor, Committee Members, Chair, grad.defense@uregina.ca