

# DOCTORAL 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)

Email

## THESIS EXAMINATION DETAILS

Public Lecture Date

Start Time

Location

Examination Date

Start Time

Location

Examiner 1

(Last Name, First Name)

Email

Examiner 2

(Last Name, First Name)

Email

Examiner 3

(Last Name, First Name)

Email

External Examiner

(Last Name, First Name)

Email

External Examiner Institution

Phone Number

Primary remote method:

(e.g. Zoom)

Backup remote method:

(e.g. Teleconference)

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.

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)

**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