

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, 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, Department) | Email | |
| External Examiner (Last Name, First Name) | Email | |
| External Examiner Institution | Phone Number | |
| Is an examiner participating remotely? <input type="checkbox"/> Yes <input type="checkbox"/> 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) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Does the thesis examination require a confidentiality agreement? | Please attach copies of the agreement signed by the Examiners | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| APPROVALS | |
|--|--|
| <p>Candidate: In my judgment my thesis is ready for examination. I am aware of the implications of electronic publication.</p> <p>_____ Signature of Candidate</p> <p>_____ Date</p> <p>I will request a delay of publication should my thesis be accepted. <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, proposed date of release: _____</p> | |
| <p>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.</p> <p>_____ Signature of Graduate Assistant</p> <p>_____ Date</p> | |
| <p>Supervisor: In my judgment the thesis meets recognized scholarly standards for the degree and is therefore ready for Examination.</p> <p>_____ Signature of Supervisor</p> <p>_____ Date</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please attach written reasons)</p> <p>_____ Signature of Additional Supervisor (if applicable)</p> <p>_____ Date</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please attach written reasons)</p> | |
| <p>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.</p> <p>_____ Signature of Graduate Chair</p> <p>_____ Date</p> | |