

**NEUROSCIENCE - MASTER'S ORAL THESIS EXAMINATION FORM**

*The personal information on this form is collected under the authority of the Royal Charter of 1841, as amended. The information will be used to process the master's oral thesis examination.*

STUDENT NAME:		STUDENT #:	
DATE:		E-MAIL(S):	
TIME:		DEPARTMENT:	Centre for Neuroscience Studies
LOCATION:		OPEN/CLOSED DEFENSE:	Student signature required if Open.
THESIS TITLE:			

COMMITTEE:	NAME:	DEPARTMENT: (i.e. NSCI)
Chair:		
Supervisor(s):		
Head (or delegate):		
Examiner:		
Examiner:		

- At least one member of the Thesis Examination Committee shall be external to the candidate's home department.
- Normally, the Chair of the Thesis Examination Committee for Master's students in Health Sciences shall be external to the candidate's home department. However, a Chair from the candidate's home department is permitted, provided that one of the examiners is external to the candidate's home department. The Chair of the Master's Thesis Examination Committee is not a voting member of the committee.
- Normally, one of the examiners shall be external to the candidate's home department. However, all examiners could be from the candidate's home department, provided that the Chair of Committee is external to the candidate's home department.
- The Graduate Coordinator (or Head, if the Graduate Coordinator is a supervisor) shall be responsible for approving the composition of the Examining Committee and signing the applicable departmental form.

Note: Before the oral examination may proceed, the student must be currently REGISTERED and paid all fees and have completed all course requirements.

<b>Exam Confirmed with:</b>	Supervisor(s):	
<i>E-mail sent to:</i>		
Student		
Chair		
Examining Committee	Graduate Coordinator: <i>(or Head, if the Graduate Coordinator is the supervisor)</i>	
Date:		