School of Graduate Studies



Ph.D. Oral Thesis Examination Form

DATE & TIME: E-MAIL: COUNCIL: DEPARTMENT: DEPARTMENT: OPEN/CLOSED? THESIS TITLE: COMMITTEE: NAME: DEPT: FOR SGS OFFICE USE: CHAIR: CHAIR: SUPERVISOR(S): HEAD (or DILARATI) INTERNAL EXAMINER: ADDITIONAL EXAMINER: INTERNAL/EXTERNAL: CROSS-APCONITED? INTERNAL/EXTERNAL: CROSS-APCONITED? INTERNAL EXAMINER: IN	STUDENT NAME:				STUDENT#:	
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