Ph.D. Oral Thesis Examination Form

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STUDENT NAME:					STUDENT#:			
DATE:		TIME:			LOCATION:			
E-MAIL:					DEPARTMENT:			
THESIS TITLE:								
		be Open unless a reque dance at the Oral Ti		_				
COMMITTEE:		Name:			DEPT:	REMOTE:	For SGSPA Office Use:	
CHAIR:				_		Yes 🗆		
SUPERVISOR(s):						Yes□		
						Yes□		
HEAD (OR DELEGATE)						Yes 🗆		
INTERNAL EXAMINER:						Yes□		
ADDITIONAL EXAMINER:						Yes□		
INTERNAL/EXTERNAL EXAMINER:						Yes 🗆		
EXTERNAL EXAMINER:					University:			
RESEARCH WEBSITE:					DEPT:			
EMAIL:					PHONE:			
MAILING ADDRESS:								
WILL PARTICIPATE:		In Person O			*REMOTE (i.e. Skype, Teleconference, videoconference, etc.)			
IMPORTANT: Dept. Head, Graduate Chair, or supervisor: please check the appropriate boxes below. If not all "yes" contact SGSPA							II "ves" contact SGSPA	
Yes O No C	immediately. All committee members except the external examiner and possibly the additional examiner have an academic appointment in the SGSPA.							
Yes O No C		The student is currently registered and has paid all due fees.						
Yes O No C	*If applicable, remote participation of the external examiner or any other member has been agreed upon by the student, the supervisor and the Department Head/Graduate Chair, and the person responsible for testing the remote connection has been identified.							
Yes O No C	No O No member of the examining committee is in a copersonal or family relationship with the candidate							
Yes O No O The supervisor is arms-length from the exter external examiner within the past five years)		al examiner	(i.e., does r	not hold a cu	urrent grant v	vith nor has published with the		
Yes O No C		al Examiner, and at least one relationship, must not have					ndidate (e.g., must not have a idate).	
For SGSPA Office Use Only: E-Mail Sent to		SUPERVISOR(s):						
Chair								
	Student							
Examining Committee			DEPARTMENT HEAD:					
External Examiner		DEAN (SGS):						