

Notice of PhD Thesis Submission for Display and Oral Defence

*Please submit this form to MGO at least 6 weeks before the oral defence.

UW ID# _____ Department _____
Last Name _____ First Name _____

Title of Thesis:

Particulars of Oral Defence:

Date: _____ Time: _____ Place: _____

Request For Approval of PhD Thesis Oral Defence Committee

Proposed External Examiner: Please attach the CV of the External Examiner and the pre-approval of the External Examiner by the Associate Dean of Graduate Studies (include the statement of independence).

Name of External Examiner:

Mailing Address:

_____	_____
_____	_____
_____	_____

Phone #: _____

Email: _____

Attending: _____

Teleconferencing: _____

Balance of Proposed Thesis Committee:

Supervisor/Co-Supervisors:

Departmental Members:
(two required)

Internal-External Member, dept:

Additional Member: (optional)

Approved by:

Chair/Graduate Officer: print name _____ Signature _____

Associate Dean, Graduate Studies: Adam Kolkiewicz _____
(MGO will obtain)