

# DOCTORAL THESIS EXAMINATION REQUEST FORM

SGPS USE ONLY – REQUEST FORM APPROVAL	
Date	Approved by
Thesis Submission Date	

CANDIDATE DETAILS	
Name <small>(Last Name, First Name)</small>	Email
Student Number	Graduate Program

SUPERVISORY DETAILS		
Supervisor Name <small>(Last Name, First Name)</small>	Email	Role
Additional Supervisor Name <small>(if applicable, include co/joint)</small>	Email	Role

THESIS EXAMINATION DETAILS		
Public Lecture Date	Start Time	Location
Examination Date	Start Time	Location
Program Examiner 1 <small>(Last Name, First Name)</small>	Email	
Program Examiner 2 <small>(Last Name, First Name)</small>	Email	
University Examiner <small>(Last Name, First Name)</small>	Email	
External Examiner <small>(Last Name, First Name)</small>	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: <small>(Include contact information e.g. Skype ID)</small>	Backup remote method: <small>(Include contact information e.g. Phone Number)</small>	
Is an open defense requested?	<small>The student and graduate program, by mutual agreement, request that the defense be open to the university community (Faculty, academic colleagues, and students)</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the thesis examination require a confidentiality agreement?	<small>Please attach copies of the agreement signed by the Examiners</small>	<input type="checkbox"/> Yes <input type="checkbox"/> No

APPROVALS	
<p><b>Candidate:</b> 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><b>Graduate Assistant:</b> 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><b>Supervisor:</b> 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 <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 <input type="checkbox"/> Yes <input type="checkbox"/> No (If No, please attach written reasons)</p>	
<p><b>Graduate Chair:</b> 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>	