Western ♥ Graduate & Postdoctoral Studies

MASTERS THESIS EXAMINATION REQUEST FORM

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

CANDIDATE DETAILS				
Name (Last Name, First Name)	Email			
Student Number	Graduate Program			
SUPERVISORY DETAILS				
Supervisor Name (Last Name, First Name)	Email			
Additional Supervisor Name (If applicable, Last Name, First Name)	Email			
THESIS EXAMINATION DETAILS	1			
Public Lecture Date	Start Time Location			
Examination Date	Start Time Location			
Program Examiner 1 (Last Name, First Name)	Email			
Program Examiner 2 (Last Name, First Name)	Email			
University Examiner (Last Name, First Name)	Email			
Chair of Examination (Last Name, First Name)	Email			
Is an examiner participating remotely?	Which examiner is participating remotely?			
Primary remote method: (Include contact information e.g. Skype ID)	Backup remote method: (Include contact information e.g. Phone Number)			
Is an open defense requested? The student and graduate program, by mutual agreement, request that the defense be open to the university community (Faculty, academic colleagues, and students) Yes No				
Does the thesis examination require a confidentiality agreement? Please attach copies of the agreement signed by the Examiners				
APPROVALS				
Candidate: In my judgment my thesis is ready for examination. I am aware of the implications of electronic publication.				
Signature of Candidate Date				
I will request a delay of publication should my thesis be accepted.	Yes No If yes, propo	osed date of release:		
Graduate Assistant: 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.				
Signature of Graduate Assistant Date				
Supervisor: In my judgment the thesis meets recognized scholarly standards for the degree and is therefore ready for Examination.				
Signature of Supervisor Date	Yes No (If N	No, please attach written reasons)		
	Yes No (If N	No, please attach written reasons)		
Signature of Additional Supervisor (if applicable) Date	\			
Graduate Chair: Provisional consent has been obtained from all proposed Examiners. Examiners must be seen to be able to examine the student and the thesis at arm's length, free of substantial conflict of interest from any source. 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.				
Signature of Graduate Chair Date				
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