



Office of Graduate Studies

Examination Request Form

Last Name: _____ First Name: _____
Student ID: _____ Degree Program: _____
Department/School: _____

Thesis Title:

Master's Degree

Proposed examination date: _____
Send examination papers to: _____

Doctoral Degree

Proposed examination date: _____
Send examination papers to: _____
External Examiner has been contacted: _____

External Examiner's name and address:

Name: _____
Address: _____
City: _____ Province: _____ Postal Code: _____

Thesis has been/will be sent to the External Examiner: _____

Graduate Coordinator

I have reviewed the comments on the reverse of this page and:

- I recommend that this examination proceed.
 I do not recommend that this examination proceed at the present time.

Graduate Coordinator's Signature: _____ Date: _____

Student

I acknowledge receipt of this advice from the Graduate Coordinator.

- I elect to proceed to defend on the above date.
 I do not elect to defend on the above date.

Student's Signature: _____ Date: _____

Office of Graduate Studies Use Only

Processed at Office of Graduate Studies: _____ Date: _____

Summary of Advice To Student

Name: _____

Student Number: _____

Advisor: _____

- In my view, this thesis meets all departmental criteria and appears complete and correct.
- Thesis needs minor editorial corrections. I have provided detailed comments to the student under separate cover.
- Thesis needs major editorial corrections. I have provided detailed comments to the student under separate cover.
- Thesis is unacceptable in its present format. I have provided detailed comments to the student under separate cover.
- I have not read the thesis.

- I recommend that the examination proceed. I recommend that the examination not proceed at this time.

Signature: _____ Date: _____

Advisory Committee Member: _____

- In my view, this thesis meets all departmental criteria and appears complete and correct.
- Thesis needs minor editorial corrections. I have provided detailed comments to the student under separate cover.
- Thesis needs major editorial corrections. I have provided detailed comments to the student under separate cover.
- Thesis is unacceptable in its present format. I have provided detailed comments to the student under separate cover.
- I have not read the thesis.

- I recommend that the examination proceed. I recommend that the examination not proceed at this time.

Signature: _____ Date: _____

Advisory Committee Member:

- In my view, this thesis meets all departmental criteria and appears complete and correct.
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Signature: _____ Date: _____

Advisory Committee Member: _____

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- I have not read the thesis.

- I recommend that the examination proceed. I recommend that the examination not proceed at this time.

Signature: _____ Date: _____

Student: I acknowledge receipt of the above comments regarding my thesis.

Signature: _____ Date: _____