

STUDENT NAME:		STUDENT NUMBER:	
THESIS TOPIC:			

SUPERVISOR CONTACT INFO:

NAME:		DEPARTMENT:	
ADDRESS:			
PHONE:		EMAIL:	

SUPERVISORY COMMITTEE MEMBERS CONTACT INFO:

(Note: There should be a minimum of two (2) examiners)

#1 CO-SUPERVISOR (if applicable):

NAME:		DEPARTMENT:	
ADDRESS:			
PHONE:		EMAIL:	

#2

NAME:		DEPARTMENT:	
ADDRESS:			
PHONE:		EMAIL:	

#3

NAME:		DEPARTMENT:	
ADDRESS:			
PHONE:		EMAIL:	

#4

NAME:		DEPARTMENT:	
ADDRESS:			
PHONE:		EMAIL:	

EXTERNAL APPRAISER:

NAME:		DEPARTMENT:	
ADDRESS:			
PHONE:		EMAIL:	

RATIONALE FOR SELECTION OF EXTERNAL REVIEWER:

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ALTERNATIVE DATES:			
EQUIPMENT REQUIRED:			
ASSOCIATE DIRECTOR SIGNATURE:		DATE:	