

List of M.Sc. Examiners Form Thesis Defense

Student Name: _____
Thesis Title: _____
Student Phone #: _____

SUPERVISOR

Name _____
Dept. _____
Address _____

Tel: _____
Fax: _____
e-mail _____

SUPERVISORY COMMITTEE MEMBERS

Name _____
Dept. _____
Address _____

Tel: _____
Fax: _____
e-mail _____

Name _____
Dept. _____
Address _____

Tel: _____
Fax: _____
e-mail _____

Name _____
Dept. _____
Address _____

Tel: _____
Fax: _____
e-mail _____

Name _____
Dept. _____
Address _____

Tel: _____
Fax: _____
e-mail _____

List of M.Sc. Examiners (continued)

INTERNAL APPRAISER

Name _____
Dept. _____
Address _____

Tel: _____
Fax: _____
e-mail _____

EXTERNAL APPRAISER

Name _____
Dept. _____
Address _____

Tel: _____
Fax: _____
e-mail _____

Comment: (Please provide the rationale for the external reviewer)

Signature of Graduate Coordinator:

please note: There should be a minimum of four (4) examiners.

THESIS DATE: _____

**ALTERNATE
DATES:** _____

**EQUIPMENT
REQUIRED:** _____
