



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 four (4) examiners)

#1

NAME:		DEPARTMENT:	
ADDRESS:			
PHONE:		EMAIL:	

#2

NAME:		DEPARTMENT:	
ADDRESS:			
PHONE:		EMAIL:	

#3

NAME:		DEPARTMENT:	
ADDRESS:			
PHONE:		EMAIL:	

#4

NAME:		DEPARTMENT:	
ADDRESS:			
PHONE:		EMAIL:	

#5

NAME:		DEPARTMENT:	
ADDRESS:			
PHONE:		EMAIL:	

#6

NAME:		DEPARTMENT:	
ADDRESS:			
PHONE:		EMAIL:	

INTERNAL APPRAISER:

NAME:		DEPARTMENT:	
ADDRESS:			
PHONE:		EMAIL:	

EXTERNAL APPRAISER:

NAME:		DEPARTMENT:	
ADDRESS:			
PHONE:		EMAIL:	

RATIONALE FOR SELECTION OF EXTERNAL REVIEWER:

ALTERNATIVE DATES:			
EQUIPMENT REQUIRED:			
GRADUATE COORDINATOR SIGNATURE:		DATE:	