



STUDENT NAME:		STUDENT NUMBER:	
EXAMINATION DATE:		START TIME: (min. 3 hours)	
THESIS TITLE:			
HOME ADDRESS:			
PHONE:		EMAIL:	

COMMITTEE MEMBERS CONTACT INFO:

(Voting Members - Maximum of 6)

MEMBERSHIP TITLE:	NAME & SGS APPOINTMENT:	MAILING ADDRESS:	CONTACT INFO:
Supervisor	NAME: DEPT:		PHONE: EMAIL:
Supervisory Committee Member # 1	NAME: DEPT:		PHONE: EMAIL:
Supervisory Committee Member # 2	NAME: DEPT:		PHONE: EMAIL:
External Examiner	NAME: DEPT:		PHONE: EMAIL:
Additional Examiner (Non-Supervisory Committee Member)	NAME: DEPT:		PHONE: EMAIL:
Non-Supervisory Committee member	NAME: DEPT:		PHONE: EMAIL:
NON-VOTING MEMBER(S):			
Non-Voting Member	NAME: DEPT:		PHONE: EMAIL:
Non-Voting Member	NAME: DEPT:		PHONE: EMAIL:

*Examination Chairs are provided by SGS

**Non-voting members at the defense must be requested in writing to the RSI Office at the time of booking the examination. The Associate Dean of SGS must approve the attendance of any non-voting members.

AUDIO/VISUAL REQUIREMENTS:
(please check off all required items)

Overhead Projector
Laptop Computer
Slide Projector

Speakerphone (for External Examiner only)
**The External examiner must agree to participate for the entire defense and vote*
DVD & Monitor