

Department of Epidemiology and Biostatistics

PhD Candidate Intent to Submit Thesis Form

Please fill in information electronically, but note that supervisor's signature must be penned, not digital or stamped.

Choose current term: Winter (Jan-Apr) Summer (May-Aug) Fall (Sep-Dec) Today's Date:

First Name: Last Name:

E-mail: Student Number:

Supervisor: Phone Number:

On Campus Address: Supervisor's E-mail:

Format of Thesis: Monograph Integrated Article Proposed 2 week range of dates & times for examination during which both supervisor and student are available:

Title:

Program Examiners: 2 required & 1 alternate. Faculty list: <https://www.schulich.uwo.ca/epibio/people/faculty/>

Examiner 1's Name: E-mail:

On Campus Address: Phone Number:

Examiner 2's Name: E-mail:

On Campus Address: Phone Number:

Alternate's Name: E-mail:

On Campus Address: Phone Number:

University Examiner: From another Western department. Supervisor must have already contacted him/her regarding the proposed exam dates. Adhere to SGPS regulations: <https://grad.uwo.ca/administration/regulations/8.html>.

Name: E-mail:

Department: Phone Number:

External Examiner: From another University. Supervisor must have already contacted him/her regarding the proposed exam dates. Adhere to SGPS regulations: <https://grad.uwo.ca/administration/regulations/8.html>.

Name: E-mail:

Address: Phone Number:

How is the external examiner participating in the examination: In Person (recommended) Teleconference Skype

SGPS covers travel costs up to \$500 for external examiners participating in person. Please provide a non-Tri-Council Speedcode for any additional participation costs:

As part of discussing these proposed examiners and dates, this student has afforded me and ALL members of the Supervisory Committee the opportunity to review a FINAL or NEAR-FINAL draft of the thesis:

Thesis Supervisor:

Date: