

Department of Epidemiology and Biostatistics

MSc 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:

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: