

MASTERS THESIS EXAMINATION REQUEST FORM

SGPS USE ONLY – REQUEST FORM APPROVAL

Date	Approved by
Thesis Submission Date	

CANDIDATE DETAILS

Name (Last Name, First Name)	Email
Student Number	Graduate Program

SUPERVISORY DETAILS

Supervisor Name (Last Name, First Name)	Email	Role
Additional Supervisor Name (if applicable, include co/joint)	Email	Role

THESIS EXAMINATION DETAILS

Public Lecture Date	Start Time	Location
Examination Date	Start Time	Location
Program Examiner 1 (Last Name, First Name)	Email	
Program Examiner 2 (Last Name, First Name)	Email	
University Examiner (Last Name, First Name)	Email	
Chair of Examination (Last Name, First Name)	Email	
Is an examiner participating remotely? ☐ Yes ☐ No	Which examiner is participating remotely?	
Primary remote method: (Include contact information e.g. Skype ID)	Backup remote method: (Include contact information e.g. Phone Number)	
Is an open defense requested?	The student and graduate program, by mutual agreement, request that the defense be open to the university community (Faculty, academic colleagues, and students) ☐ Yes ☐ No	
Does the thesis examination require a confidentiality agreement?	Please attach copies of the agreement signed by the Examiners ☐ Yes ☐ No	

APPROVALS

Candidate: In my judgment my thesis is ready for examination. I am aware of the implications of electronic publication.

Signature of Candidate Date

I will request a delay of publication should my thesis be accepted. ☐ Yes ☐ No If yes, proposed date of release: _____

Graduate Assistant: The candidate has completed all non-thesis degree requirements (including collaborative requirements if relevant) as reflected on the candidate's academic record. The proposed Examiners hold the necessary membership levels.

Signature of Graduate Assistant Date

Supervisor: In my judgment the thesis meets recognized scholarly standards for the degree and is therefore ready for Examination.

Signature of Supervisor Date ☐ Yes ☐ No (If No, please attach written reasons)

Signature of Additional Supervisor (if applicable) Date ☐ Yes ☐ No (If No, please attach written reasons)

Graduate Chair: Provisional consent has been obtained from all proposed Examiners. I am not aware of any potential conflict of interest that the proposed Examiners have with the Candidate and/or Supervisor. If the Supervisor(s) has judged the thesis not ready for examination, I have provided the candidate with a copy of the written reasons for withholding approval.

Signature of Graduate Chair Date