



PhD Final Oral Examination (FOE) Booking Request Form

Note: This form is used to facilitate exam bookings. It should be completed by the graduate student and submitted to the DPES Graduate Office a minimum of 7 weeks prior to the requested date. The form is not to be forwarded to SGS.

Student Information:

Name: _____ Student Number: _____

Thesis Title (Provide the full, correct, final title. This will be the title that will show on the student transcript; if the title changes, it must also be changed on ROSI.)

List below the exam committee members with e-mail address. If the committee member was involved in the supervision of the thesis, check 'yes'. If the committee member is joining the committee only for the purposes of the Final Oral Exam, check 'no'.

	Name	E-mail	Supervisory Committee?	
			Yes	No
Supervisor				
Co-supervisor or Member (please circle one) ¹				
External ²				
Member				
Member				
Member				
Non-voting Member (optional)				
Non-voting Member (optional)				

¹ If there is no co-supervisor, substitute an ordinary examining committee member (from the supervisory committee or not as appropriate)

External Examiner:

Name:

The external examiner will will not attend the examination.

Exam Details:

Exam date: _____ Exam time: _____

Requesting Public Seminar Prior to FOE: No Yes

Equipment Required (check each item required):

Conference phone Computer Projector Skype

Student Signature: _____

Signature of Primary Supervisor: _____

Exam Location (to be filled out by Graduate Administrator):

Building: _____ Room number: _____