



Notice of Master's Thesis Oral Examination

This is a retake exam. Yes No

This information is published in compliance with the College of Graduate Studies Policies and Procedures to ensure that program requirements have been met and the College of Graduate Studies regulations followed. It will form part of the student record.

The College of Graduate Studies (CoGS) must receive this notice no later than four (4) weeks before the date of the examination in order to schedule the room. Please note that no changes can be made to the examination committee of an approved CoGS examination without consent of the Dean of the College of Graduate Studies.

Student Name:		Student #:		Date:	
Faculty:		Department:			
Degree (please check):					
<input type="radio"/> M.A.	<input type="radio"/> M.Sc.	<input type="radio"/> M.A.Sc.	<input type="radio"/> M.F. A.	<input type="radio"/> M.S.W.	<input type="radio"/> MSN
Final Thesis Title:					
Email confirmation from Committee Members has been received stating the following thesis is ready to go to examination. Supervisor's Signature: _____					

Room Booking

If you require CoGS to book the examination room (UNC 334) please provide three (3) Potential Dates and Times that <u>all</u> members of the Examination Committee below are available.		
	Date:	Time:
Option 1 (one)		
Option 2 (two)		
Option 3 (three)		
If you have a room you can book the exam in, PLEASE PROVIDE IT IN THE SPACE BELOW.		
Room:	Date:	Time:

Examination Committee

Name (please print name):	Role	Faculty – Department
	*Neutral Chair	
	Supervisor	
	Co-Supervisor (if applicable)	
	Examination Committee Mbr	
	Examination Committee Mbr	
	Examination Committee Mbr	
	**University Examiner	In person Needs T-V/C



I am aware of these arrangements.

Date:	Graduate Student Signature:
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****The Supervisor's signature below verifies that the University Examiner meets the following criteria/CCV attached if external to UBC:**

- Has not collaborated with the supervisor in the last 5 years;
- Is not related to the student, and has not worked with the student.
- Has research expertise in the following area(s):

Date:	Supervisor's Signature:
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****The Graduate Program Coordinator's signature below verifies:**

- That the University Examiner meets the appropriate criteria, as outlined in the [Graduate Policy and Procedure Manual](#);
- Does not have an affiliation with the department/division/graduate program of either the candidate or supervisor;
- The student named above has met all program requirements to proceed to Oral Examination, completed the required course work, and grades have been entered.
- Appropriate formal ethics approval has been received for the student's research.

Date:	Graduate Program Coordinator (or Designate) Signature:
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***The Supervisor's and/or Graduate Program Coordinator's signature below verifies that the Neutral Chair meets the following criteria:**

- Has not been closely associated with the student (now or in the past) as a colleague, supervisor, member of the research committee, collaborator of the student's supervisor(s).

Supervisor's Signature:	Graduate Program Coordinator (or Designate) Signature:
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For CoGS use only

Confirmed Examination:	Date:	Time:	Room:
Approval of Membership of Examination Committee			
Date:		Dean, College of Graduate Studies (or Designate) Signature:	