



# MSC FINAL DEFENCE REQUEST FORM

- Please read the information on MSc Final Defence in the EXS Handbook.
- Please submit this form, the Thesis Approval form and a pdf copy of your final thesis (approved by committee) to the Graduate Office at least **four weeks** before the prospective Final Defence date to Zarine Ahmed, zarine.ahmed@utoronto.ca.

STUDENT'S NAME: \_\_\_\_\_ STUDENT #: \_\_\_\_\_

STUDENT'S EMAIL ADDRESS: \_\_\_\_\_

THESIS TITLE: \_\_\_\_\_  
\_\_\_\_\_

*Please note that defences will only take place between 9 am-12 pm and 1:30-5 pm*

DATE & TIME: \_\_\_\_\_ ROOM #: \_\_\_\_\_

EQUIPMENT: \_\_\_\_\_  
(ie. TELECONFERENCE PHONE / SKYPE, etc.)

<b>SUPERVISORY COMMITTEE MEMBERS:</b>	<b>EMAIL ADDRESSES:</b>
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SUPERVISOR: \_\_\_\_\_

CO-SUPERVISOR: \_\_\_\_\_  
(if applicable)

MEMBER: \_\_\_\_\_

MEMBER: \_\_\_\_\_

NON-VOTING MEMBER: \_\_\_\_\_  
(if applicable)

### EXTERNAL EXAMINER:

EXAMINER NAME: \_\_\_\_\_ UNIVERSITY: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

EMAIL: \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

ATTENDANCE:     IN PERSON     VIA TELECONFERENCE

### SIGNATURES:

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_