

PHD EXAMINATION INFORMATION FORM

• MUST BE WORD-PROCESSED OR TYPED.

STUDENT INFORMATION
STUDENT NAME:
DEPARTMENT / SCHOOL:
DEGREE PROGRAMME:
ALL PREVIOUS DEGREES & GRANTING UNIVERSITIES AND YEAR (FOR EXAMPLE: BSc (CHEMISTRY), DALHOUSIE UNIVERSITY, 2015):
THESIS TITLE:
EXAMINING COMMITTEE INFORMATION

TITLE	NAME	DEPARTMENT/UNIVERSITY
EXTERNAL EXAMINER		
READER		
READER		
READER		
SUPERVISOR		
Co-SUPERVISOR		
DEPARTMENTAL REPRESENTATIVE		

DEPARTMENT CHAIR/ SCHOOL DIRECTOR
SIGNATURE
DATE
FOR FGS USE ONLY
FGS ASSIGNED DEFENCE CHAIR
ASSOCIATE DEAN, FGS
SIGNATURE
DATE