# Approval for Graduate Thesis Defence Examination Form

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UPEI ID: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Degree: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thesis title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The members of the Supervisory Committee listed below have carefully read all the components of the thesis and provided an informed recommendation regarding its suitability to enter the Final Examination process. It is understood that during the Thesis Defence the Examination Committee is still entitled to request further revisions. It is also understood that the candidate has successfully completed all the required courses included in his/her program. Each member of the committee has indicated if they wish to serve on the Examination Committee.

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| Supervisory Committee | Name | Signature | Examination Committee | Date |
| Supervisor |  |  | Yes / No |  |
| Supervisor |  |  | Yes / No |  |
| Committee member |  |  | Yes / No |  |
| Committee member |  |  | Yes / No |  |
| Committee member |  |  | Yes / No |  |

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**Potential Dates:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mode:** In-Person / Hybrid / Online

**PhD Only:** The Supervisory committee nominates the following Internal Examiner.

|  |  |  |
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| Nominee | Nominee Email | Nominee Department |
|  |  |  |

The Supervisory Committee nominates the following External Examiner(s). The signing members confirm that none of the student, supervisor(s) or supervisory committees are in conflict of interest, which could include any of the following relationships, in the last 6 years:

* Joint publication or plans to publish together in the foreseeable future
* Shared funding, or funding applications (in progress or under review)
* Business or financial relationships
* Personal or familial relationship
* Supervisor / trainee relationship

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| Approval | Name | Signature | Date |
| Department Chair /Associate Dean |  |  |  |
| Associate Dean, GSR |  |  |  |