THE UNIVERSITY OF WINNIPEG | Faculty of Graduate Studies

THESIS EXAM REQUEST AND APPOINTMENT OF EXAMINERS

*This form must be submitted to the Graduate Studies Office **at least 4 weeks** prior to the thesis examination.*

Student: _____ Student Number: _____

Student's Email: _____ Student's Phone: _____

Program: _____

Anticipated Graduation Date: Spring 20____ Fall 20____ Winter 20_____

Thesis Title:

[   ]

Recommended Thesis Examination Committee (TEC):

Are additional examiners listed on page 2?   ☐ yes   ☐ no

Graduate Thesis Supervisor: _____
Department/contact info: _____

Graduate Thesis Examiner/Co-Supervisor: _____
Is this examiner a co-supervisor?   ☐ yes   ☐ no
Department/contact info: _____

Examiner: _____
Department/contact info: _____

External Examiner: _____
Position/Title: _____
Institution: _____
Email/Contact Information: _____

Has the TEC received a copy of the student's thesis?   ☐ yes   ☐ no

Exam request: ☐ on (preferred date/time agreed upon by the TEC): _____
☐ between _____ and _____ (date range, to be confirmed by Doodle Poll)

☐ Attending in person: _____

☐ Attending on Zoom: _____

☐ Accommodations/tech requests: _____

_____   _____
Graduate Thesis Co-Supervisor Signature   Date

_____   _____
Graduate Thesis Co-Supervisor Signature   Date

_____   _____
Graduate Program Committee Chair Signature   Date

_____   _____
Dean of Graduate Studies Signature   Date

Revised November 2023 ks

Additional Examiners for TEC of (student): _____
(page 2)

Examiner:_____
Department/contact info: _____

Examiner:_____
Department/contact info: _____

Examiner:_____
Department/contact info: _____

Examiner:_____
Department/contact info: _____