# PhD Dissertation Defence – Request to Schedule Oral Examination

See the Graduate Calendar for the full policy on [Regulations Governing the Doctoral Dissertation](https://academic-calendar.wlu.ca/index_old.php?cal=3&y=84).

# Part 1: Student Details

To be completed by the student.

First name:

Last name:

WLU ID:

WLU email:      @mylaurier.ca

Program (e.g. PhD Geography):

Title of dissertation (please type):        
  
By signing this, I agree that an oral defence of my dissertation should be arranged.

Student’s signature:       Date:      

Part 2: Proposed Dates and Times for Oral Defence

To be completed by the committee members.

It is expected that all committee members are available on both the preferred and alternate dates.

Preferred date (DDMMYYYY):       Preferred start time:

Alternative date(s) and start time(s):

# Part 3: DAC Committee Member Acknowledgement

To be completed by the committee members. **It is expected that all committee members will attend in person**, not withstanding the policy on unexpected absences. It is the responsibility of the program to ensure appropriate technology is available. Technological requirements must be indicated to FGPS upon submission of this form.

By signing this, I acknowledge **that I have reviewed this dissertation** and agree that an oral defense should be arranged. I agree to attend the oral examination.

Name of Dissertation Advisor:       Date:

Email address:       Signature:        
Department/Unit:

Name of Committee Member 2:       Date:

Email address:       Signature:        
Department/Unit:

Name of Committee Member 3:       Date:

Email address:       Signature:        
Department/Unit/University/Other Affiliation:

Name of Committee Member 4 (Optional):       Date:

Email address:       Signature:         
Department/Unit/University/Other Affiliation:

**Part 4: Internal/External Examiner (I/E)**

**Role of the Internal/External:** A Member of the Dissertation Examining Committee (DEC), the I/E must be from outside the program/academic unit of the candidate but must also have expertise related to the subject matter of the dissertation. The I/E’s role is to ensure that the dissertation meets university standards in terms of quality and will assist the other DEC members in examining the candidate’s performance at the defence.

By signing this, I acknowledge **that I will review the dissertation to ensure that it meets university standards in terms of quality, and that I will notify the Dissertation Advisor (DA) of any significant concerns about the quality of the dissertation prior to the defence.** I agree to attend the oral examination.

Name of Internal/External member:       Date:

# Email address:       Signature:       Department/Unit/University/Other Affiliation:

# Part 5: Proposed External Examiners

To be completed by the supervisor. Three nominees are required.

## Nominee 1

First name:       Last name:       Title:

Home University:       Mailing Address:

Email address:       Phone:

Attendance:  In person  Virtual

Rationale for Recommendation (indicate why the nominee is a “recognized authority” on the subject matter of the dissertation):

## Nominee 2

First name:       Last name:       Title:

Home University:       Mailing Address:

Email address:       Phone:

Attendance:  In person  Virtual

Rationale for Recommendation (indicate why the nominee is a “recognized authority” on the subject matter of the dissertation):

## Nominee 3

First name:       Last name:       Title:

Home University:       Mailing Address:

Email address:       Phone:

Attendance:  In person  Virtual

Rationale for Recommendation (indicate why the nominee is a “recognized authority” on the subject matter of the dissertation):

# Part 6: Graduate Coordinator Acknowledgement

To be completed by the Graduate Coordinator.

## Proposed External Examiner:

Nominee 1:       Accepted Nomination:  Yes  No

Nominee 2:       Accepted Nomination:  Yes  No

Nominee 3:       Accepted Nomination:  Yes  No

I acknowledge that I support the nominations of the advisory committee.

I have obtained approval from the Dean of the Faculty of Graduate and Postdoctoral Studies for travel funding.I further acknowledge that if the External Examiner attends in person, the program/department is responsible for travel costs in excess of $500.

A full CV of #1 nominee is attached.

Graduate Coordinator’s name:

Graduate Coordinator’s signature:

Date:

# Notice of Collection of Private Information

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