Master’s Thesis Defence-

Request to schedule oral examination

**Refer to the** [**Regulations and Procedures Governing the Master’s Thesis**](https://academic-calendar.wlu.ca/section.php?cal=3&s=950&ss=3968&y=80) **in the Graduate Calendar for committee structure requirements, guidelines for the defence, and decision categories.**

# Part 1: Student Details

To be completed by the student.

First name:

Last name:

WLU ID:

WLU email:      @mylaurier.ca

Program (e.g. MSc Geography):

Thesis title (please type):

# Part 2: Proposed Dates/ Times for Oral Defense

To be decided by members of the oral examination.

1.       2.       3.

# Part 3: Proposed External Examiner

To be completed by the committee members, student and graduate coordinator.

First name:       Last name:       Email:

Home Institution:       Home Department:

Phone:       Business Address:

Part 4: Oral Examination Approval  
To be completed by the advisor, committee members, graduate coordinator and student.

By signing below, the committee members confirm that they have reviewed this thesis, that an oral defense should be arranged and that they will attend the oral examination.

**Advisor** First name:       Last name:        
  
Date:       Signature:      

**Committee Member 1** First name:       Last name:        
  
Date:       Signature:

**Additional Committee Member(s) (if applicable)**

Committee Member First name:       Last name:        
  
Date:       Signature:      

**Committee Member (external to the academic unit/ program)**

First name:       Last name:        
  
Date:       Signature:

**Graduate Coordinator**

First name:       Last name:        
  
Date:       Signature:

*Any individual program representative cannot approve this form at multiple levels; each form must have a one-up approval (e.g., research advisor cannot also approve as Graduate Program Coordinator).*

**Student**

I agree than an oral defence of my thesis should be arranged.

# Date:       Signature:

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