



ARRANGEMENTS FOR MSc THESIS DEFENSE

Submit this form to the Physiology Graduate Office, MSB 3217, 10 working days prior to your Defense. Examination Committee must be approved by the Graduate Studies Committee prior to the defense.

Name of Student: _____ Research Grouping: _____
 Date: _____ Time: _____ Location of defense: _____
 Thesis Title: _____

EXAMINING COMMITTEE

All Examination Committee members must be Members of the Graduate School. Four (4) voting members are required to ensure a **quorum of 3**. If quorum is not met, the examination will be postponed.

VOTING MEMBERS

1. Committee Chair: Member of the Departmental Research Grouping but not a member of the Supervisory Committee.

Name:		Department:	
Phone:	e-mail:	Location:	

2. External Member: - Not a member of supervisory committee. Should be sought first from outside the Department but cross appointed Physiology member acceptable. Must have "arm's-length" relationship to supervisor and student (no collaboration, co-authorship of papers or grants for 5 years).

Name:		Department:	
Phone:	e-mail:	Location:	

Brief explanation of why this member was chosen (i.e. specific expertise):

3. Examination Member: Member of the Departmental Research Grouping but not a member of the Supervisory Committee

Name:		Department:	
Phone:	e-mail:	Location:	

Brief explanation of why this member was chosen (i.e. specific expertise):

4. Examination Member: Must be a member of the Supervisory Committee

Name:		Department:	
Phone:	e-mail:	Location:	

NON-VOTING MEMBER

Supervisor(s): - May be asked to comment before or after the examination.

Name:		Co-Supervisor (if any) :	
Phone:	e-mail:	Location:	

Approval:

Signature of the Graduate Coordinator

Date