



Request for Oral Examination for Master's Program

This form must be completed in full and submitted to the Faculty of Graduate Studies (UVC A207) at least **20 working days** prior to defence date, not including the day of defence.

CHECKLIST (To be completed by the Graduate Secretary)

- () Confirm all committee members except the external examiner are listed on the Faculty Membership List (confirm with Graduate Secretary/Adviser)
- () Confirm all committee members are listed in SHACOMI
- () Confirm committee structure meets calendar regulations:
<https://web.uvic.ca/calendar/grad/admissions/committees.html>
- () Confirm that the student is currently registered
- () Copy of thesis submitted to External Examiner for review
- () Submit Thesis/Dissertation Withholding Form (if applicable):
<http://www.uvic.ca/graduatestudies/assets/docs/docs/Withholdingform.pdf>
- () Enroll in GS 599/699 and upload thesis using CourseSpaces
- () Submit Human Research Ethics Approval or Waiver Form (if applicable)

STUDENT NAME:	UVIC STUDENT #:
STUDENT SIGNATURE:	<i>The signature of the student indicates that the submitted thesis is an original work of scholarship and that all sources are completely and properly acknowledged. The signature also indicates that the submitted thesis is a complete and final copy for the purpose of examination and that is understood that the Faculty of Graduate Studies will forward a copy to the Chair of the examination.</i>
ACADEMIC UNIT & DEGREE:	EMAIL:
DAY, DATE & TIME OF DEFENCE:	BLDG & ROOM #:
THESIS TITLE:	

SUPERVISORY COMMITTEE	TITLE, NAME & DEPARTMENT	SIGNATURE	EMAIL & PHONE NUMBER
(CO-) SUPERVISOR:			
(CO-) SUPERVISOR:			
ACADEMIC UNIT MEMBER:			
ACADEMIC UNIT MEMBER:			
NON-UNIT MEMBER:			
ADDITIONAL MEMBER:			
<i>The above signatures indicate that all committee members have examined the thesis and are satisfied that it represents an examinable document for the degree requirements. No revisions may be made prior to the oral examination. Members also agree that they are available for the oral exam at the specified date, time and location. If you are unable to attend IN PERSON, please contact the FGS office for instructions (250-721-7970). Once the external has been selected, no further contact should occur between the external and the supervisory committee or the student.</i>			
GRADUATE ADVISER:			

The signature of the Graduate Adviser indicates that correct administrative procedures have been followed within the academic unit. The signature also indicates that correct thesis/dissertation preparation procedures have been followed.

NOMINATION OF EXTERNAL EXAMINER

EXTERNAL'S NAME:		UNIVERSITY/INSTITUTION:	
DEPARTMENT:		EMAIL & PHONE NUMBER:	
MAILING ADDRESS:			
WILL ATTEND:	IN PERSON () VIDEOCONFERENCE (BLUEJEANS) () SKYPE () OTHER (PLEASE SPECIFY) _____ ()		

FOR FGS OFFICE USE ONLY

CHAIR:	DEPT:	EMAIL & LOCAL:
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