



MASTER'S THESIS TITLE AND APPOINTMENT OF EXAMINERS

This form must be submitted to the Graduate Studies Office at least 6 weeks prior to the thesis examination.

Student: _____ Student Number: _____

Program: _____

Anticipated Graduation Date: Spring 20____ Fall 20____

Thesis Title:

Recommended Thesis Examining Committee*

*Please complete this section carefully – names & departments will be transferred over to other forms.

Graduate Thesis Co-Supervisor: _____

Department: _____

Graduate Thesis Co-Supervisor: _____

Department: _____

Examiner: _____

Department: _____

Examiner: _____

Department: _____

Examiner: _____

Department: _____

External Examiner: _____

Position/Title: _____

Institution: _____

Complete Mailing Address: _____

Email/Contact Information: _____

Graduate Thesis Co-Supervisor Signature

Date

Graduate Thesis Co-Supervisor Signature

Date

Graduate Program Committee Signature

Date

Department Chair Signature

Date