



**MASTER’S THESIS TITLE AND APPOINTMENT OF EXAMINERS**

*This form must be submitted to the Graduate Studies Office at least 4 weeks prior to the thesis examination.*

Student: \_\_\_\_\_ Student Number: \_\_\_\_\_

Program: \_\_\_\_\_

Anticipated Graduation Date: Spring 20\_\_\_\_ Fall 20\_\_\_\_

Thesis Title:

**Recommended Thesis Examination 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: \_\_\_\_\_

**\*It can take up to 12 weeks for an External Examiner to be approved. For more information see the “Appointment of an External Examiner” section in *The University of Winnipeg Graduate Thesis Handbook*.**

\_\_\_\_\_  
Graduate Thesis Co-Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Thesis Co-Supervisor Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Graduate Program Committee Chair Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair Signature

\_\_\_\_\_  
Date