



Request for Oral Examination for Master's Program

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

STUDENT NAME:		UVIC STUDENT #:	
STUDENT SIGNATURE:		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 it is understood that the Faculty of Graduate Studies will forward a copy to the External Examiner and to the Chair of the examination.	
ACADEMIC UNIT & DEGREE:		EMAIL:	
WEEKDAY, DATE & TIME:		BLDG & ROOM #:	
THESIS TITLE:			

SUPERVISORY COMMITTEE	TITLE (e.g. Dr. / Prof.), NAME, and DEPT	SIGNATURE	EMAIL & PHONE NUMBER
(CO-) SUPERVISOR:			
(CO-) SUPERVISOR:			
ACADEMIC UNIT MEMBER:			
ACADEMIC UNIT MEMBER:			
NON-UNIT MEMBER:			
NON-UNIT MEMBER:			

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, 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.
Email approvals in lieu of signatures must acknowledge the above stipulations.

Checklist to be completed by Graduate Secretary / Administrative Support

- | | |
|--|---|
| <input type="checkbox"/> Confirm all committee members except the external examiner are listed on the FGS Faculty Membership List (check restrictions and term end date) | <input type="checkbox"/> Submit Thesis Withholding Form (or <input type="checkbox"/> N/A) |
| <input type="checkbox"/> Confirm committee structure meets calendar regulations | <input type="checkbox"/> Submit thesis PDF (consult with FGS for oversize files) |
| <input type="checkbox"/> Confirm all committee members are listed in SHACOMI | <input type="checkbox"/> Submit Human Research Ethics Approval / Waiver Form to FGS (or <input type="checkbox"/> N/A) |
| <input type="checkbox"/> Confirm that the student is currently registered | <input type="checkbox"/> Submit videoconference connection details (if applicable) |

GRADUATE ADVISER:	Name	Signature	Email
-------------------	------	-----------	-------

Note to Graduate Advisor: By signing this form you are indicating that you have confirmed all required administrative procedures have been correctly completed within the academic unit, and that correct thesis/dissertation preparation procedures have been followed. **An email approval in lieu of signature will be accepted providing it specifies these acknowledgements.**

NOMINATION OF EXTERNAL EXAMINER

EXTERNAL'S NAME:		UNIVERSITY / INSTITUTION:	
DEPARTMENT:		EMAIL & PHONE NUMBER:	
WILL ATTEND:	IN PERSON VIDEOCONFERENCING - Attach <u>full</u> connection details		

FOR FGS OFFICE USE ONLY

CHAIR:	DEPT:	EMAIL: LOCAL:
--------	-------	------------------