



THESIS EXAMINATION INFORMATION FORM

STUDENT: _____ STUDENT NUMBER: _____

PROGRAM: _____

THESIS TITLE: _____

GRADUATE THESIS SUPERVISOR: _____

Please indicate whether the Thesis Supervisory Committee (TSC) reviewed and approved the thesis for examination: YES NO

Please indicate if an examination date has already been agreed upon by the TSC: YES NO

If YES, please specify the agreed upon date:

Will any examiners be attending remotely? YES NO

If YES, please indicate which examiners:

Please indicate if there are any special technology requirements: YES NO

If YES, please specify:

Please indicate the number of expected attendees (in addition to TSC):

Will you require the sprinklers to be turned off? (i.e. for smudging) YES NO

Are there any other accommodations required? (please indicate below)

Graduate Thesis Supervisor Signature

Date