



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 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 Supervisor Signature

Date

Graduate Program Committee Chair Signature

Date

Department Chair Signature

Date