



**THESIS EXAMINATION INFORMATION FORM**

STUDENT: \_\_\_\_\_

STUDENT NUMBER: \_\_\_\_\_

PROGRAM: \_\_\_\_\_

THESIS TITLE: \_\_\_\_\_

GRADUATE THESIS CO-SUPERVISOR: \_\_\_\_\_

GRADUATE THESIS CO-SUPERVISOR: \_\_\_\_\_

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

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

If YES, please include 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:

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 Co-Supervisor Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date