

Request for Thesis Defence

Submit to the Office of the Vice-President Research, preferably six weeks prior to the proposed defence date. Include an electronic copy of the thesis.

Student Identification			
Name:			
Program:			
Thesis title:			
Thesis Defence			
Preferred Date:	Time:		
Alternate Date 1:	Time:		
Alternate Date 2:	Time:		
Requirements for the defence (ro	om capacity, audiovisual, ot	ther special requiremen	nts):
Approvals By signing below, members of the the thesis and agree that the thesi guidelines for thesis preparation,	is meets the standards of th		
	Name (print/type)	Signature	Date
Primary Supervisor			
Co-supervisor (if applicable)			
Supervisory Committee Member _			
Supervisory Committee Member _			
Supervisory Committee Member			
Graduate Program Coordinator			

NOTE: The proposed date of the thesis defence is considered to be tentative, and cannot be fully confirmed, until the External Examiner has submitted the External Examiner Report.

Distribution: Original with Office of the Vice-President Research (gradstudies@tru.ca); copy to the Graduate Program Coordinator.