

Request for Oral Examination for Doctoral Program

*This form must be completed in full and submitted to the Faculty of Graduate Studies (JCC A207) at least **30 working days** prior to defence date, not including the day of defence.*

STUDENT NAME:		UVIC STUDENT #:	
STUDENT SIGNATURE:	<small>The signature of the student indicates that the submitted dissertation is an original work of scholarship and that all sources are completely and properly acknowledged. The signature also indicates that the submitted dissertation 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 both the External Examiner and to the Chair of the examination.</small>		
ACADEMIC UNIT:		EMAIL:	
WEEKDAY, DATE & TIME:		BLDG & ROOM #:	
DISSERTATION TITLE:			

SUPERVISORY COMMITTEE			
	TITLE	NAME, and DEPT	SIGNATURE
(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 dissertation and are satisfied that it represents an examinable document for the degree requirements. No revisions may be made prior