

Request for DVSc. Final Examination (Pathobiology)

Name: _____ Student # _____ Advisor: _____

Working Title of Thesis:	
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Suggested Examination Committee*

Chair (Graduate Coordinator, Dept. Chair or designate) not on advisory committee	
1. Member of Graduate Faculty (member of Advisory Committee, normally the Advisor)	
2. Member of Graduate Faculty (member of Advisory Committee)	
3. Member of Graduate Faculty (may not be member of Advisory Committee)	
4. External Examiner *	

N.B. At least one member of the examination committee should be from outside of the Department.

Suggested date(s) (dd/mm/yyyy)	

Signature: Chair of Department/Date

Signature: Graduate Co-ordinator/Date

This form must be completed at least eight weeks before the examination.

*** Nomination for External Examiner must be submitted at least eight weeks before the examination.**