

Request for MSc. Final Defence (Pathobiology)

Name: _____ Student # _____ Advisor: _____

Working Title of Thesis :

Suggested Examination Committee*	
Chair (Graduate Coordinator, Dept. Chair or designate) not on advisory committee	
1. Advisory Committee Member (normally advisor)	
2. Member of Graduate Faculty (may be on Advisory Committee)	
3. Member of Graduate Faculty (may <u>not</u> be on Advisory Committee)	

* It is a departmental expectation that at least one member of the examination committee should be from outside of the Department.

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

Signature and date: Chair of Department Signature and date: Graduate Co-ordinator

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