

LIST OF MSC EXAMINERS FORM THESIS DEFENSE

STUDENT NAME:		STUDENT NUMBER:			
ТН	IESIS TOPIC:				
SUPERVISOR CONTACT INFO:					
	NAME:	DEPAR	TMENT:		
	ADDRESS:				
	PHONE:	EMAIL:			
SUPERVISORY COMMITTEE MEMBERS CONTACT INFO: (Note: There should be a minimum of two (2) examiners)					
	#1 CO-SUPERVISOR (if applicable): NAME: DEPARTMENT:				
	ADDRESS:	DEFAR	TIVIENT.		
	PHONE:	EMAIL:			
	777071				
#2					
	NAME:	DEPAR	TMENT:		
	ADDRESS:				
	PHONE:	EMAIL:			
#3					
	NAME:	DEPAR	TMENT:		
	ADDRESS:				
	PHONE:	EMAIL:			
#4					
	NAME:	DEPAR	TMENT:		
	ADDRESS:				
	PHONE:	EMAIL:			
EXTERNAL APPRAISER:					
	NAME:	DEPART	TMENT:		
	ADDRESS:				
	PHONE:	EMAIL:			

UPDATED: Aug 31, 2023 1

RATIONALE FOR SELECTION OF EXTERNAL REVIEWER:					
ALTERNATIVE DATES:					
QUIPMENT REQUIRED:					
agon ment megames.					
ASSOCIATE DIRECTOR SIGNATURE:		DATE:			

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