

BOOKING REQUEST FOR M.Sc. MAJOR PRACTICUM EXAMINATION

This form is to be completed and submitted to the Graduate Administrator 6 weeks in advance of the date of the intended M.Sc. major practicum defence. Once the proposed examination committee has been reviewed, finalized, and approved by the Associate Dean, Graduate Education, the M.Sc. major practicum defence will be convened by the Graduate Department. *Please note that M.Sc. major practicum examinations do not take place during the month of August.*

Candidate: _____ Student # _____

Project Title:

Proposed Date(s) and Start Time(s): _____

Examination Committee: a minimum of 3 voting members are required for quorum; **to include:** the supervisor/co-supervisor, 1 member from the advisory committee; 1 External Examiner (SGS member from Dentistry); 1 SGS member external to Dentistry (optional). The external may not have collaborated on the thesis.

Advisory Committee Members: 2 Required

Supervisor _____ Co-supervisor _____
(if applicable)

Advisory Committee Member _____

Other Members: 1 Required (If available, as a time saving measure, please submit more than one recommendation)

Faculty of Dentistry SGS Member 1) _____ 2) _____

SGS Member external to Dentistry 1) _____ 2) _____
(Optional)

Certification by Supervisor:

The final document has been approved by all members of the Advisory Committee (attach Report of Final Advisory Committee Meeting Form or in individual emails here attached).

By signing this form you are agreeing to Chair an upcoming MSc final oral exam.

Supervisor's Signature _____ Date _____

Note: The candidate is responsible for submitting an electronic copy of the approved practicum in the form of a .pdf file to the Graduate Administrator with the submission of this form.

For office use only:

Associate Dean, Graduate Education _____ Date _____

Chair: _____ Room: _____ or Zoom Defence: Yes _____ No _____

Note: Chair must be external to the candidate's and the supervisor's specialty.