BOOKING REQUEST FOR M.Sc. FINAL ORAL 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. thesis defence. Once the proposed examination committee has been reviewed, finalized, and approved by the Associate Dean, Graduate Education, the M.Sc. thesis defence will be convened by the Graduate Department. *Please note that M.Sc. thesis examinations do not take place during the month of August.*

Candidate:	Student #
Thesis Title:	
Proposed Date(s) and Start Time(s):	
	r, co-supervisor (optional), and 1 member from the advisory committee; 2 stry); 1 SGS member from Dentistry. Note: no collaboration is permitted pervisor in the past 6 years.
Advisory Committee Members:	
Supervisor	Co-supervisor(optional)
Advisory Committee Member	
Other Members: 2 Required (If available, as a timper member category)	ne saving measure, please submit more than one recommendation
Faculty of Dentistry SGS Member 1)	2)
SGS Member External to Dentistry 1)	2)
Certification by Supervisor: The final thesis has been approved by all members Committee Meeting Form or in individual emails h By signing this form you are agreeing to Chair an u	·
Supervisor's Signature	Date
Note: The candidate is responsible for submitting the Graduate Administrator with the submission	an electronic copy of the approved thesis in the form of a .pdf file to of this form.
For office use only:	
Associate Dean, Graduate Education	Date
Chair: Ro	oom: or Zoom Defence: Yes No
Note: Chair must be external to the candidate's an	