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| **Student Name:** |  | |
|  | | | |
| **Title of Thesis Proposal:** | |  | |

**ORAL EXAMINATION:**

|  |  |
| --- | --- |
| **Date and time:** |  |
|  |  |
| **Location:** |  |

**THESIS COMMITTEE:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **NAME** |  |  | **DEPARTMENT** |
| Supervisor(s): |  |  |  |  |
| Member: |  |  |  |  |
| Member: |  |  |  |  |
| Examiner: |  |  |  |  |

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(Signature) Supervisor Date

     

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(Signature) Associate Dean Date