



**M.Sc. Thesis Defense**

Student Name: \_\_\_\_\_

Supervisor Name: \_\_\_\_\_

Permission to Write Date: \_\_\_\_\_

Title of Thesis: \_\_\_\_\_

\_\_\_\_\_

Availability of Supervisory Committee including your Supervisor

Date 1: \_\_\_\_\_

Date 2: \_\_\_\_\_

Date 3: \_\_\_\_\_

**Proposed Examining Committee**

*Please submit to the Graduate Department 4 weeks prior to the examination date to be approved by the Graduate Coordinator. \*Note: Quorum for the MSc exam is 4; maximum is 5. It is recommended that you have 5 Examining Committee members.*

*If you have more than three supervisory committee members, all may participate in the exam but one must be a non-voting member (usually the supervisor).*

Supervisor: \_\_\_\_\_

Supervisory Committee Member: \_\_\_\_\_

Supervisory Committee Member: \_\_\_\_\_

Graduate Committee (GC) Member: \_\_\_\_\_

*(May be any internal if GC is already a member of the Supervisory Committee)*

Non-Supervisory Committee Member: \_\_\_\_\_

*(Usually but not necessarily a member of the Dept of Immunology)*

*If your initial preferred examiners are unable to commit to your exam, we will contact the following people (not mandatory but please fill out as best you can):*

Graduate Committee (GC) Member: \_\_\_\_\_

Graduate Committee (GC) Member: \_\_\_\_\_

Non-Supervisory Committee Member: \_\_\_\_\_

Non-Supervisory Committee Member: \_\_\_\_\_

**\*\*Please remember to attach an e-version of your abstract when submitting this form.\*\***

Grad Coordinator's Signature: \_\_\_\_\_

Date: \_\_\_\_\_