



Faculty of Engineering
SCHOOL OF ARCHITECTURE

Draft Thesis Approval for Defence

Complete form and submit to the Graduate Coordinator prior to your defence.

Student Name: _____

Student ID: _____

APPROVED BY THESIS COMMITTEE MEMBERS:

Supervisor

Date

Committee Member

Date

Committee Member

Date

Proposed Defence Scheduled for: _____
Date, Time and Room Preference

Recommendation of External Committee Member*:

Supervisor and/or Committee Members to provide full contact information including affiliation, name, address, phone number, fax number and email address.

Please refer to the Defence checklist for further information.

For Office Use ONLY: _____
CC Student PDF of completed form Database Entry Date

*External Committee Members/Readers can be recommended by the Supervisor. Contact will be made by someone other than the student.