



## PhD Degree Completion Checklist

**Before submitting your PhD Defense Package to the ECE PhD Program Coordinator/Advisor please ensure you have the following:**

- Intent to Graduate Form
  - Completed and signed by you
- Nomination of the PhD Thesis Examining Committee
  - Signed by your Supervisor
- Confirmation of PhD Thesis Examining Committee Membership Form
  - Signed by ALL committee members or accompanied by an e-mail
  - E-mails must be from *each individual committee member* stating that they are able to attend the defense on the chosen date and time (highlight the name of each committee member on the e-mail)
- A copy of your External Examiner's CV
  - CV must be complete (not a summary) and include a full list of all publications for at least the last 6 years as well as a listing of all graduate students supervised
- E-mail a soft copy (.docx) of your thesis abstract to the ECE PhD Program Coordinator/Advisor

**\*Optional (for restricted theses only):**

- Request to Restrict Circulation of Thesis
  - Completed and signed by you and your supervisor(s)
- Confidential information thesis non-disclosure agreements
  - You will need one form for each member of your committee (including the External Examiner) completed and signed by the committee member BEFORE you give them a copy of your thesis

*All PhD Defense Packages should be submitted to the ECE [PhD Program Coordinator/Advisor](#)*

**Use this form to:**

- Specify any special characters that should be included in your name (e.g. accents, hyphens, apostrophes or spaces)
- Notify your department that you have completed all degree requirements and intend to graduate.

**Instructions:**

1. The student will complete sections 1 and 2, and review their name as it appears on the official transcript in Quest to confirm correct spelling.
2. The student will submit the form to their academic department for approvals.
3. After confirming degree completion, the academic department will submit the form to the Graduate Studies Office, Needles Hall.

**Deadlines:**

*NOTE: Submission is required immediately after degree requirements have been met.*

- Spring Convocation - April 30 for students completing their degree in the fall (September-December) and winter (January-April) terms.
- Fall Convocation - August 31 for students completing their degree in the spring (May-August) term.
- In order to receive a full or partial tuition refund, you must submit by the term 100% or 50% refund deadline. See the Graduate Studies Academic Calendar for specific dates.

For more information about this form, please review the [intention to graduate/program completion form web page](#).

**Section 1: Student information**

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University of Waterloo student identification number \_\_\_\_\_

Review your name as it appears on the official transcript in Quest to confirm correct spelling. Use upper and lower case letters and add any appropriate accents, hyphens, apostrophes or spaces when entering your name below.

Last name(s) \_\_\_\_\_ First name(s) \_\_\_\_\_

Email \_\_\_\_\_

Faculty (e.g. Arts) \_\_\_\_\_ Department or School (e.g. History) \_\_\_\_\_

**Section 2: Convocation and degree information**

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Convocation:  fall  spring year \_\_\_\_\_

**Degree**

Master of \_\_\_\_\_ in \_\_\_\_\_

Doctor of Philosophy in \_\_\_\_\_

Graduate Diploma in \_\_\_\_\_

Student signature \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_\_

**Section 3: Confirmation of degree completion and approval to graduate (for department use only)**

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Please review the student record in Quest and confirm:

- all course requirements have been completed
- all milestones have been completed
- the thesis has been approved in UWSpace (if applicable)

Study option:

- thesis
- master's research paper
- coursework

Graduate Officer/Associate Chair signature \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_\_  
(print name and sign)

**Section 4: Graduate Studies Office use**

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Program completion date \_\_\_\_\_ Last term registered \_\_\_\_\_ Awards review date \_\_\_\_\_

GSO initial \_\_\_\_\_ Date (mm/dd/yy) \_\_\_\_\_



Faculty of Engineering Graduate Studies  
Nomination of the PhD Thesis Examining Committee

Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Department: \_\_\_\_\_ ID #: \_\_\_\_\_

Thesis title: \_\_\_\_\_

Exam Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**Examining committee membership**

Supervisor(s) plus three University of Waterloo faculty of which one must be external to the candidate’s department, plus an external examiner. The members must be from the original PhD comprehensive exam committee.

**Supervisor(s) and the external examiner are to attend the oral defence in person. The Engineering Grad Office must be notified of any request for absence. Remote participation is limited to one member of the examining board and only with approval from the Associate Dean of Engineering Graduate Studies. In these cases, the method of remote participation must be indicated below.**

Please submit a Delegate or Replacement Form for a delegate/replacement of an original committee member

Full Name	Member Type	Department	Remote Participation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Proposed external examiner**

Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Position: \_\_\_\_\_ E-mail: \_\_\_\_\_

Institution: \_\_\_\_\_ Department: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Note: A complete Curriculum Vitae for the proposed external is required in addition to the details to be provided below

**External examiner summary of qualifications**

1. Examiner is an expert and knowledgeable in the field of thesis, as shown through publications  
Identify 3-5 publications in past 6 years that are directly relevant to thesis topic
  - Publications highlighted in attached CV
  - Publications listed in attachment
2. Examiner has knowledge of the supervision and examination of theses beyond experience with own thesis
  - \_\_\_\_\_ Number of PhD students supervised to completion
  - \_\_\_\_\_ Number of current PhD students
3. Examiner is at arm's length from the supervisor(s) and student (see criteria below)
  - Yes
  - No (please explain)

To ensure fairness and impartiality, the external examiner must not be in a potential conflict of interest with regards to the outcome of the thesis examination. There is a conflict of interest when:

- A proposed external examiner is, or was in the last six years, from the same university, organization or department, or belongs or belonged, in the last six years, to the same research unit as the supervisor(s) or candidate
- There is an administrative or family link between the proposed external examiner and the supervisor(s) or candidate
- A proposed external examiner is an industrial or government representative or professional who is or was in the last six years directly involved in collaborative activities with the supervisor(s) or candidate
- A proposed external examiner is a former research supervisor or graduate student of the supervisor(s) or candidate
- A proposed external examiner has collaborated or published with the supervisor(s) or candidate within the past six years
- A proposed external examiner is a planned future research supervisor or employer of the candidate or plans to collaborate or publish with the candidate in the foreseeable future
- The proposed external examiner is uncomfortable with reviewing the proposal due to previous conflicts or any other reason (e.g., past student or supervisor, even if more than six years ago, or personal conflict)
- The Faculty Associate Dean, Graduate Studies, has reason to believe that a specific proposed external examiner should not be involved in the review.

In cases where the candidate's thesis research has involved collaborations with other local members of the examining committee beyond the supervisor(s) within the past six years, the external examiner must be free of potential conflict of interest under the guidelines above with those members as well.

Candidate's Supervisor (1)	Date	Candidate's Supervisor (2)	Date
Associate Chair, Graduate Studies	Date	Associate Dean, Graduate Studies	Date

Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Department: \_\_\_\_\_ ID #: \_\_\_\_\_

**Please select one option:**

- Replacement:** The supervisor(s) along with the original member appoints a person to replace the original member. The replacement will read the thesis and attend the examination as a committee member.

**Reasons for delegate/replacement:**\_\_\_\_\_  
Original member's name                      Original member's signature                      Date\_\_\_\_\_  
Delegate/replacement's name                      Delegate/replacement's signature                      Date**Approvals: the supervisor(s), Associate Chair of Graduate Studies, and Associate Dean of Engineering Graduate Studies verify and agree to the above change in the examining committee**\_\_\_\_\_  
Candidate's Supervisor (1)                      Date                      Candidate's Supervisor (2)                      Date\_\_\_\_\_  
Associate Chair, Graduate Studies                      Date\_\_\_\_\_  
Associate Dean, Graduate Studies                      Date



Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Department: \_\_\_\_\_ ID #: \_\_\_\_\_

Thesis title: \_\_\_\_\_

Exam Date: \_\_\_\_\_ Time: \_\_\_\_\_ Location: \_\_\_\_\_

**Proposed Examining Committee Membership:** *(Minimum of five examiners including (co)supervisor(s) and External Examiner with at least one University examiner external to candidate's department. Committee membership must be comprised of original Comprehensive Committee members. If not, please see reverse.)*

I agree that I will be available for the candidates PhD oral defense on the dates indicated above: *(please indicate supervisor(s)).*

Full Name	Department	Signature	Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Proposed external examiner**

**Name:** \_\_\_\_\_

**Position:** \_\_\_\_\_



Instructions to the student:

1. Fill in your name, supervisor(s) and ID number
2. Submit the form to the ECE Department Facilities Coordinator in EIT 3156 for space verification and signature.
3. Once the form is signed, bring it to your Graduate Program Coordinator.

Note: The ECE Graduate Office will not proceed with the degree completion process until the signed form is received.

Surname: \_\_\_\_\_ Given name(s): \_\_\_\_\_

Supervisor(s): \_\_\_\_\_ ID #: \_\_\_\_\_

**Office of the Department Facilities Coordinator**

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The space(s) assigned to the student by the department has been left cleaned

All keys have been returned

Comments:

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ECE Department Facilities Coordinator

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Date

## Electrical and Computer Engineering POST DEGREE SPACE REQUEST

Extensions of space allocation for Post Degree Students is subject to space availability and limited for up to 90 days;  
 Extensions of space allocation for International Post Degree Students is subject to space availability and limited for up to 90 or  
 until the study permit expiry date, whichever date is earlier and must not exceed a maximum of 20 hours/week .  
 Due to space constraints, priority will be given to uses which support ECE's Faculty, Staff and Students in their teaching, research  
 and support activities. Each request will be reviewed on a case-by-case basis.  
 Note space allocation may be terminated with one weeks' notice if required for core purposes.

**To be completed by Supervisor:** *I request an extension of continued office / lab access for the Post Degree Student as listed below. I agree to continue Research Infrastructure support.*

**Surname:** \_\_\_\_\_ **Given Name(s):** \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **End Date:** \_\_\_\_\_

**Reason for request:** \_\_\_\_\_

<b>Office Space Extension Requested?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO Building: _____ Room: _____	<input type="checkbox"/> <b>Laboratory</b> Building: _____ Room: _____ Lab Owner Approval _____	<input type="checkbox"/> <b>Laboratory</b> Building: _____ Room: _____ Lab Owner Approval _____	<input type="checkbox"/> <b>Laboratory</b> Building: _____ Room: _____ Lab Owner Approval _____
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*I understand this extension is **subject to space availability** and **can be terminated with one weeks' notice**.*

**Faculty Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

By signing this agreement, Post Degree Students assigned Electrical and Computer Engineering office space, and/or University key(s) agree to adhere to the Electrical and Computer Engineering rules, regulations and responsibilities governing office space and keys.

**UW Student ID:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Key Holder Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR OFFICE USE ONLY**

Post Degree Student Signature     Space Assigned     Uploaded to FM

Supervisor Signature     Safety Training

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**Space Extension Request:**

APPROVED     DENIED

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Building – Room – Desk \_\_\_\_\_    James Barby, Senior Associate Chair \_\_\_\_\_