

**UNIVERSITY OF WATERLOO
FACULTY OF APPLIED HEALTH SCIENCES
PhD. PROPOSED THESIS EXAMINATION BOARD**

I. Candidate: _____ ID# _____ Dept: _____

II. Date admitted to PhD: _____

Date Comprehensive Examination(s) Completed: _____

Thesis Title: _____

Proposed Examining Committee:

Department

(Supervisor or Co-supervisors)

(Internal/External-internal to Univ./external to Dept.)

(Member)

(Member)

(Member)

III. **Suggested External Examiners:**

First Choice:

Name: _____ Rank: _____

Department and Institution: _____

NOTE: The supervisor's one-page summary of information about the proposed external examiner and a copy of page 2 of Form 4, PhD Thesis Proposal Report, must be sent to the graduate coordinator for approval process to proceed. The Student must also submit an abstract of the thesis.

Alternate Choices:

2. Name: _____ Rank: _____

Department and Institution: _____

3. Name: _____ Rank: _____

Department and Institution: _____

Graduate Officer's Approval: _____ Date: _____

Distribution: Associate Dean, Supervisor, Graduate Officer, Student file, Student

Proposed Thesis Examination Board
AHS PhD: Form 5