

Notice of PhD Thesis Submission for Display and Oral Defence

*Please submit this form to your Department at least 7 weeks before the oral defence.

UW ID# _____ Department _____
Last Name _____ First Name _____

Title of Thesis: _____

Particulars of Oral Defence:

Date: _____

Time: _____

Defence Format Options:

1. Remote: Location: _____
2. In Person: Location: _____
3. Hybrid: Location: _____

Defence Format Guidelines

1. Location must be determined at the time of form submission contact your department Grad coordinator for room booking.
2. Hybrid defences can have only one committee member remote, the candidate, supervisor(s) and Chair must be present in person. In some cases multiple committee members can participate remotely, please speak with your department coordinator for more details.

Request For Approval of PhD Thesis Oral Defence Committee

Proposed External Examiner: Please attach the CV of the External Examiner and the pre-approval of the External Examiner by the Associate Dean of Graduate Studies (include the statement of independence).

Name of External Examiner: _____ Mailing Address: _____

Phone #: _____ _____

Email: _____ Attending: Teleconferencing:

Balance of Proposed Thesis Committee:

Supervisor/Co---Supervisors: _____

Departmental Members: _____
(two required) _____

Internal-External Member, dept: _____

Additional Member: (optional) _____

Approved by:

Chair/Graduate Officer: print name _____ Signature _____

Associate Dean, Graduate Studies: Brian Ingalls _____

(MGO will obtain)