Notice of PhD Thesis Submission for Display and Oral Defence

UW ID#	Department
Last Name	First Name
Title of Thesis:	
Particulars of Oral Defence:	Defence Format Options:
Date:	1. Remote: 2. In Person: Location:
Time:	2. In Person: Location:
	Defence Format Guidelines
2. Hybrid defences can have only one committee member	ission contact your department Grad coordinator for room booking. remote, the candidate, supervisor(s) and Chair must be present in person. In some cases multiple peak with your department coordinator for more details.
Request For Appro	oval of PhD Thesis Oral Defence Committee
independence). Name of External Examiner:	Dean of Graduate Studies (include the statement of Mailing Address:
Phone #:	
Email:	Attending: Teleconferencing:
Balance of Proposed Thesis Cor	mmittee:
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: Bert	rand Guenin ————————————————————