

## Form 2.2M: Master's Request to Schedule Oral Examination

School of Graduate and Postdoctoral Studies  
Ontario Tech University  
2000 Simcoe Street North, Oshawa, ON L1G 0C5

Student name:  Student number:

Date of oral exam:  Time and location:   Confirmed  Tentative

Degree name in full (e.g. Master of Applied Science):

Degree:  Program:

Thesis title:

By signing this statement, I confirm that this is the final thesis version and is my own work, with the exception of sections properly cited, if applicable. Also, I hereby give permission for my thesis to be submitted through a plagiarism-detection process:

\_\_\_\_\_  
Signature

The members of the supervisory Committee (listed below) recommend that the student proceed to oral examination. By signing below, each committee member has indicated that s/he is sufficiently familiar with the quality of the thesis and is satisfied that it should be examined at the Master's level.

<input type="text"/>	_____ Signature	<input type="text"/>	_____ Signature
Name of supervisor		Name of committee member	
<input type="text"/>	_____ Signature	<input type="text"/>	_____ Signature
Name of co-supervisor (if applicable)		Name of committee member	

The chair of the examination committee is:

\_\_\_\_\_  
Name of Graduate Program Director or designate

Thesis examiner:  Approved on Form 2.1M (add name below only)  Not approved yet (fill out information below)

Name  Graduate Faculty  Associate Graduate Faculty  Non-Ontario Tech University

Rank

Faculty  TE is in agreement  Nomination of Thesis Examiner (Page 2)

**This defence will be:**

OPEN  CLOSED

If you selected closed, indicate any of the following that apply:

Is the work presented in the thesis the result of contract research and/or research collaboration with external partners:

YES  NO

Are there any relationships that restrict the publication of the thesis?

YES  NO

**For closed defences only:**

- A confidentiality Disclosure Agreement (CDA) will be required from all committee members.
- Notice of the exam cannot be sent

Information regarding **Thesis Withholds** can be found in the [Graduate Submission of Thesis, Project or Major Paper Policy](#).

**Does the student require any special accommodation? (If yes, please send specific information to**

[gradthesis@ontariotechu.ca](mailto:gradthesis@ontariotechu.ca))

YES  NO

Rationale for nomination (if not previously approved on Form 2.1M): provide details regarding nominee's area of expertise and applicability to student's area of research. If necessary, attach a separate page.

**NOTES TO PROGRAM:**

1. As per Section 8 of the [Thesis Oral Examination for Master's and Doctoral Candidates Policy](#), normally, all coursework will be completed prior to scheduling a student's oral defence. Therefore, please ensure that a **PRE-AUDIT** of the student's courses has been performed and an email has been sent to SGPS with this form. The faculty confirms the student has met the course requirements for the degree in which they are registered. This will ensure that the oral examination is the final requirement of the student's degree program.
2. The examining committee consists of all members of the student's supervisory committee, holding a current appointment to the student's graduate program, plus one thesis examiner. See the Sections 6 and 7 of the [Thesis Oral Examination for Master's and Doctoral Candidates Policy](#) for further information.

**I certify that, to the best of my knowledge, the nominee(s) are academically qualified and at arm's lengths from the thesis, the student, and the Supervisor(s). And I confirm that the examination information listed above is the correct date, time and location, and I approve for this information to be used to inform the examining committee.**

Name of supervisor

Signature

Date (dd/mmm/yyyy)

Name of Graduate Program Director/designate

Signature

Date (dd/mmm/yyyy)

**SGPS APPROVAL:**

Dean of SGPS/designate

Signature

Date (dd/mmm/yyyy)