

Student Name: Student Number:

Confirmed Date of Oral Exam: Confirmed time and location:

Degree Name in Full (e.g. PhD of Applied BioScience):

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 PhD 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 or Designate

Note: This field MUST be completed prior to form submission. Failure of submitting may cause delay in processing

Approved External Examiner

Banner ID Number:

Approved University Examiner

Banner ID Number:

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 form all committee members.
- Notice of the exam cannot be sent sent

Information regarding Thesis Withhold can be found in our Graduate Academic Calendar under Permission to Withhold from public domain.

Does the student require any special accommodation? (If yes, please send specific information to gradthesis@ontariotechu.ca)

YES NO

NOTES TO PROGRAM:

1. Please ensure that a **PRE-AUDIT** of the student's courses has been performed and an email has been sent to SGPS. 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 external and one university examiner. See the Graduate Academic Calendar for further information on conflict of interest and examining committee.
3. **The thesis copy submitted with this form is the final version to be examined by the committee until the defence.**

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.

[Signature box for Chair of Supervisory Committee]

Name of Chair of Supervisory Committee

Signature

[Signature box for Date]

Date (dd/mmm/yyyy)

[Signature box for Graduate Program Director]

Name of Graduate Program Director

Signature

[Signature box for Date]

Date (dd/mmm/yyyy)

GRADUATE STUDIES APPROVAL:

[Signature box for Dean of SGPS/Designate]

Dean of SGPS/Designate

Signature

[Signature box for Date]

Date (dd/mmm/yyyy)