

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 doctoral 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

<input type="text"/>	<input type="text"/>
Approved external examiner	Banner ID Number:
<input type="text"/>	<input type="text"/>
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 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)

YES NO

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 external and one university examiner. See the Sections 6 and 7 of the [Thesis Oral Examination for Master's and Doctoral Candidates Policy](#) for further information.
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.

Name of supervisor

Signature

Date (dd/mmm/yyyy)

Name of Graduate Program Director/designate

Signature

Date (dd/mmm/yyyy)

GRADUATE STUDIES APPROVAL:

Dean of SGPS/designate

Signature

Date (dd/mmm/yyyy)