

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

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"/>                  | _____<br>Signature | <input type="text"/>     | _____<br>Signature |
| Name of Supervisor                    |                    | Name of Committee Member |                    |
| <input type="text"/>                  | _____<br>Signature | <input type="text"/>     | _____<br>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

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-UOIT

Rank

Email (if external to university)

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

Faculty

**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 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@uoit.ca](mailto:gradthesis@uoit.ca))**

YES  NO

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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. 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 examiner. See the Graduate Academic Calendar for further information on conflict of interest and examining committee.

**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).**

Name of Chair of Supervisory Committee

Signature

Date (dd/mmm/yyyy)

Name of Graduate Program Director

Signature

Date (dd/mmm/yyyy)

### GRADUATE STUDIES APPROVAL:

Dean of SGPS/Designate

Signature

Date (dd/mmm/yyyy)