

APPENDIX B: DEPARTMENT OF LANDSCAPE ARCHITECTURE THESIS OR PRACTICUM PRESENTATION  
BOOKING FORM



DEPARTMENT OF LANDSCAPE ARCHITECTURE  
THESIS / PRACTICUM PRESENTATION BOOKING FORM

This form must be completed at least **TEN (10)** working days prior for all presentations.  
Notices announcing presentations will be based on information provided.

**STUDENT NAME:**

**STUDENT NUMBER:**

**PRESENTATION DATE:**

**PREFERRED TIME:**

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**LEVEL OF PRESENTATION:**

**PRESENTATION TITLE:**

**AUDIO/VISUAL REQUIREMENTS:**

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**COMMITTEE MEMBERS (please include affiliation/position)**

**Academic Advisor / Chair:**

**Academic Advisor / Chair Participation:**

**Internal Examiner:**

**Internal Examiner Participation:**

**External Examiner:**

**External Examiner Participation:**

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**APPROVAL BY ADVISOR / CHAIR:**

**DATE:**

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PLEASE NOTE THAT THE TITLE OF THE THESIS / PRACTICUM MUST BE FINALISED FOR COMMITTEE SIGN-OFF OF THE MASTER'S THESIS / PRACTICUM FINAL REPORT FORM