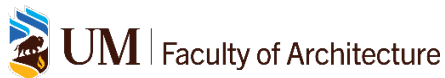


APPENDIX B: DEPARTMENT OF LANDSCAPE ARCHITECTURE THESIS OR PRACTICUM PRESENTATION
BOOKING FORM



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: Select One

PRESENTATION TYPE: Select One

PRESENTATION TITLE:

AUDIO/VISUAL REQUIREMENTS: Select One

COMMITTEE MEMBERS (please include affiliation/position)

Academic Advisor / Chair:

Academic Advisor / Chair Participation: Select One

Internal Examiner:

Internal Examiner Participation: Select One

External Examiner:

External Examiner Participation: Select One

APPROVAL BY ADVISOR / CHAIR:

DATE:

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