

This form must be submitted to the Faculty of Graduate Studies at the time of appointment of the examining committee **and at least two weeks prior to the examination of the thesis/practicum.**

Student Name (**LAST**, First) _____ Student Number _____

Major Department/Unit _____

Anticipated Graduation Date February 20 _____ May 20 _____ October 20 _____

Thesis Practicum

Thesis / Practicum Title

Recommended Committee of Examiners*

Names

<i>Advisor</i>	<i>Department/Unit</i>
<i>Co-Advisor (if applicable)</i>	<i>Department/Unit</i>
<i>Examiner</i>	<i>Department/Unit</i>
<i>Examiner</i>	<i>Department/Unit</i>
<i>Examiner</i>	<i>Department/Unit</i>
	<i>Department/Unit</i>

Knowledge Expert or Invited Member

Does a [conflict of interest \(COI\)](#) exist on this committee? Yes No
 If Yes, please advise FGS as to the nature and proposed mitigation.

Approval Signatures

Advisor _____	Date _____ <small>MM/DD/YYYY</small>
Co-Advisor _____ <small>(if applicable)</small>	Date _____ <small>MM/DD/YYYY</small>
Department/Unit Head/Grad Chair _____	Date _____ <small>MM/DD/YYYY</small>