



Student Name (LAST, First) \_\_\_\_\_ Student Number \_\_\_\_\_

Tentative Thesis Title: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exam Date and Time: \_\_\_\_\_

Exam Location, or Online: \_\_\_\_\_

Advisor: \_\_\_\_\_ Dept: \_\_\_\_\_

Co-Advisor: \_\_\_\_\_ Dept: \_\_\_\_\_

Examiner: \_\_\_\_\_ Dept: \_\_\_\_\_

Examiner: \_\_\_\_\_ Dept: \_\_\_\_\_

Examiner: \_\_\_\_\_ Dept: \_\_\_\_\_

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