

Notice of Dissertation Oral Examination

(To be completed by the **SUPERVISOR**)

The supervisor is to complete this form and email it, at least four (4) weeks before the anticipated date of the oral examination, to Dean, FGS, at fgs@athabascau.ca

Student Name:			Student ID N	Number:	
Today's Date:			Academic Unit:		
Degree Sought:			Type of Oral Examination: Final Dissertation		
Title of dissertation:					
Anticipated Date (of oral	:	Anticipated Time (of oral examination):			
Locations of and phone n primary technology fail:	umbers at wh	ich participants	s can be contacted	d during the examination should the	
	Name		Location	Phone number during exam	
Student					
Committee Member					
Committee Member Committee Member					
Nature of Technology to k		• • •	ai oi the location o	of the student during the examination?	
wature of reclinology to a	e useu. JAC	VI / CDDI VIII			
What is the maximum nur	nber of obser	vers allowed (to	o include superviso	or, committee and proctor):	
Will a proctor be present?) (If ve:	s, please attach	n a short CV and co	omplete table below)	
Name		Location		Phone number during exam	
Name		Location			
If no proctor is present, sp and support of the studen				ensure verification of the student, safety	
Specify the plan for ensuring the adjudication process is closed to ensure privacy:					
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Date Received: Dean, Faculty of Graduate Studies:					

The personal information collected on this form is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. This information will be used by staff of the Faculty of Graduate Studies to facilitate the cooperation and collaboration of the parties involved in the oral examination of a graduate student. If you have any questions about the collection or use of this information, contact the Dean, Faculty of Graduate Studies, Athabasca University, 1 University Drive, Athabasca, AB, T9S 3A3. Telephone: (780) 675-6550.

Distribution: Supervisor -Faculty of Graduate Studies