

Notice of Candidacy 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 Number:

Today's Date:

Academic Unit:

Degree Sought:

Type of Oral Examination:

Title of dissertation:

Anticipated Date (of oral examination):

Anticipated Time (of oral examination):

Locations of and phone numbers at which participants can be contacted during the examination should the primary technology fail: Name Location of each individual Back-up Telephone Number

Student	Name	Location of each individual	Back-up Telephone Number
Committee Member			
Committee Member			
Committee Member			
External Examiner			

Do supervisor and academic unit recommend approval of the location of the student during the examination?

Nature of Technology to be used: Adobe Connect

Will a proctor be present? (If yes, please attach a short CV and complete table below.)

Name Location of each individual Back-up Telephone Number

Name	Location of each individual	Back-up Telephone Number

If no proctor is present, specify what procedures will be implemented to ensure verification of the student, safety and support of the student, and no infraction of academic honesty:

Specify the plan for ensuring the adjudication process is closed to ensure privacy:

Date received:

Dean, Faculty of Graduate Studies:

The personal information collected on this form will be used to establish the Doctoral Supervisory Committee. It is collected under the authority of Section 33(c) of the Alberta Freedom of Information and Protection of Privacy Act. 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