



**Ph.D. Departmental Oral Examination Booking Form**

Ph.D. Candidate Name:	
Student Number:	
E-mail Address:	
Date and Time of Examination:	

Supervisor (1):	
Supervisor (2):	
Professors on Committee:	

*Note: The committee will consist of three professors, including the supervisor. Where there are two co-supervisors, the committee will consist of four professors, including the co-supervisors. Normally, all committee members will hold a graduate faculty appointment in ECE. At least one committee member must hold a full graduate faculty membership in ECE. The candidate must confirm the availability of the committee for the date and time recorded on the form.*

Thesis Title:	
Date of Thesis Distribution:	

*Note: The candidate must distribute the thesis to the committee at least three weeks prior to the examination.*

\_\_\_\_\_  
**Supervisor Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Candidate Signature**

\_\_\_\_\_  
**Date**

*Note: The candidate must submit this booking form to the ECE Graduate Office at least two weeks prior to the examination.*