



## Request for M.Ed. Oral Examination

Graduate Studies & Research

Faculty of Education

Student Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Student Email: \_\_\_\_\_ E-mail after Convocation: \_\_\_\_\_

Proposed Date of Exam: \_\_\_\_\_ Proposed Time of Exam: \_\_\_\_\_

Title of Thesis: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Committee Member(s): \_\_\_\_\_

External: \_\_\_\_\_ Department of External: \_\_\_\_\_

Do you require technical support? *Please check one:*

- YES (The Graduate Assistant will arrange for this ½ hour prior to exam)  
 NO, I do not require technical support

Would you like to have an open presentation of your research to faculty, staff & students prior to your defense? Please check one:

- YES (Arrange a date and time with the Graduate Assistant)  
 NO, I prefer not to

Employment after Convocation (*Please provide position title and employer*): \_\_\_\_\_

Forwarding Address: \_\_\_\_\_

Please submit the completed request form to the Graduate Studies and Bureau of Research Office in A106 **a minimum of 12 working days** prior to the proposed date of the exam, only after you have discussed the details with your Examining Committee, and they have approved the arrangements.

**Please complete all required fields before submitting the form, since we will not be able to arrange the exam until all of the information is provided.**

\_\_\_\_\_  
Supervisor (please print)

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date