

## PhD Final Oral Examination Booking Request

**NOTE: This form is to be submitted to the Sociology Graduate Office a MINIMUM OF 8 weeks prior to the requested exam date. Please email this form, along with the external examiner's CV (or provide link to CV). Please do not submit in hard copy.**

Date: \_\_\_\_\_

### Student Information

Candidate: \_\_\_\_\_ Student Number: \_\_\_\_\_

Candidate Email Address: \_\_\_\_\_

**\*\*Please attach CURRENT CV to FOE Booking Request Form**

### Thesis Title:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Note: Provide the full, correct, final title. This will be the title that will show on the student transcript; if the title changes, it must also be changed on ROSI.*

### Exam Details

Exam date: \_\_\_\_\_ Exam time: \_\_\_\_\_ (preferably 10 AM OR 2 PM)

Will your Exam be remote, hybrid or in person: \_\_\_\_\_

### Supervisory Committee Members

Member's Name	Supervisor	Date Joined Committee
1. _____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____ (YYYY-MM-DD)
2. _____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____ (YYYY-MM-DD)
3. _____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____ (YYYY-MM-DD)
4. _____	<input type="checkbox"/> yes <input type="checkbox"/> no	_____ (YYYY-MM-DD)

### External Appraiser

External Appraiser: \_\_\_\_\_

Institutional Affiliation: \_\_\_\_\_

Area of Specialty: \_\_\_\_\_

Current Professorial Rank: \_\_\_\_\_

Year Current Rank Attained: \_\_\_\_\_

Recent CV (please provide URL or attach document): \_\_\_\_\_

Will the External Appraiser attend the exam?  No

Yes, in person

*\*The Graduate Office can support up to \$500 CAD in funding for your external to attend in person. This is subject to traveling and accommodation costs only.*

Yes, by teleconference

External Examiner's Mailing Address (to send hard copy of dissertation):

*N.B. Courier will not deliver to P.O. Box.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

External's Tel: \_\_\_\_\_

*(Please provide receptionist's telephone number if delivering to university department. Courier will not delivery without receiver's telephone number.)*

External's Email: \_\_\_\_\_

*(Please provide most frequently used email address to send electronic copy of dissertation.)*

### **FOE Committee Members**

***Note:** Include a min. of 5 members, and max of 6. At least 1 member, but no more than 3 members, must have sat on the Supervisory Committee. All FOE Committee members are voting members.*

Member's Name & Email

Department/Institution

1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____
6. _____	_____

### **Equipment Required (please check each item required):**

Conference Phone  \_\_\_\_\_ *(Please provide phone number for outgoing call.)*

Computer Projector  Other  \_\_\_\_\_

***Note:** SGS does not provide computer facilities. If a laptop is required, it must be secured from*

*the department via Jeremy Nichols. If using a Mac, the student must provide the appropriate adapter for the projector.*