

**GRADUATE DEPARTMENT OF PUBLIC HEALTH SCIENCES
MSc Thesis Defense Membership Form**

Candidate: _____ Student Number: _____

Email: _____

Thesis Title: _____

Exam Date/Time: _____ *Exam room will be booked by GDPHS

EXTERNAL APPRAISER (must have an "arms-length" relationship to both the student and thesis project)

Name: _____ Position: _____

Institution: _____

Mailing Address: _____

Area of Specialization: _____

EXAMINATION COMMITTEE: (The quorum for voting members is three and should include at least one member of the supervisory committee and one arms-length member)

A) Members of the supervisory committee:

Name	Email

B) Internal Reviewer:

Name	Email

Please return the completed form to the Graduate Office for approval at least four (4) weeks prior to the defense date.

Signed: _____ Date: _____
Graduate Coordinator