



**Ph.D. Prospectus Defense Approval Form**

STUDENT NAME: \_\_\_\_\_ STUDENT NUMBER: \_\_\_\_\_

STUDENT EMAIL: \_\_\_\_\_ DEGREE: Ph.D.

PROPOSED DATE: \_\_\_\_\_ PROPOSED TIME: \_\_\_\_\_

PROPOSED ROOM\* \_\_\_\_\_ TELECONFERENCING\*: YES \_\_\_\_\_ No \_\_\_\_\_

TITLE OF DISSERTATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CHAIR OF COMMITTEE: (Assigned by Chair of the Dept.) \_\_\_\_\_

Please list your Committee Members below and list how they will be attending your defense

	In Person	Tele- Conference
THESIS SUPERVISOR		
CO-SUPERVISOR		
COMMITTEE MEMBER		
COMMITTEE MEMBER		

Graduate Studies Supervisor, Department of Cognitive Science: \_\_\_\_\_

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

**NOTE:**

- The Examination Board consists of Chair, Thesis Supervisor and Committee Members
- The Graduate Supervisor of Cognitive Science must approve the scheduling of all Prospectus Defenses.
- Room bookings are the responsibility of the Student and her/his Supervisor
- If Teleconferencing – Graduate Administrator arranges for use of conference phone
- Chair for Prospectus Committee – Graduate Administrator arranges for a chair to be at the defense