



Ph.D. Thesis Defense Examination Approval Form

STUDENT NAME: _____ STUDENT NUMBER: _____

PROPOSED DATE: _____ PROPOSED TIME: _____

PROPOSED ROOM: _____

TITLE OF DISSERTATION:

Role	Name & Dept	In Person	By Teleconference
External Examiner			
Thesis Supervisor			
Co- Supervisor			
Committee Member			
Committee Member			
Internal Examiner*			

When the thesis information above is completed - return to the Graduate Administrator

- The Graduate Supervisor of Cognitive Science must approve all members of the Examination Board. The Examination Board consists of the Thesis Supervisor, External Examiner, Committee Members and an Internal-External Examiner for Ph.D. Defenses.
- *An Internal Examiner - is a Carleton faculty member not affiliated with Cognitive Science.

Office Use Only – Do not complete

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Chair for Defense: _____

The Thesis Defense Approval Form has been approved and signed by Graduate Studies Supervisor, Institute of Cognitive Science

Signature: _____ Date Approved: _____